Promising Practices

PROMISING PRACTICE: Bi-Cultural Competence Skills Approach

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpts and summary from: Schinke, et al. (1988). Preventing Substance Abuse Among American-Indian Adolescents: A Bicultural Competence Skills Approach. *Journal of Counseling Psychology,* 35(1), 87-90.)

The bicultural competence approach encompasses skills that can enable American-Indian people to blend the adaptive values and roles of both the culture in which they were raised and the culture by which they are surrounded. The subjects in this study on the bicultural competence approach were 137 American-Indian adolescents from two western Washington reservation sites. They were recruited from tribal and public schools, and they voluntarily participated.

After pre-testing, subjects were randomly divided by reservation site into prevention and control groups. The prevention group participated in ten group intervention sessions to learn bicultural competence skills. Those in the control group at each site received no preventive intervention.

The intervention groups were led by two American-Indian counselors. Via cognitive and behavioral methods, participants were instructed in and practiced communication, coping, and discrimination skills. Communication skills were introduced with biculturally relevant examples of verbal and nonverbal influences on substance use. For instance, leaders modeled how subjects could turn down offers of tobacco, alcohol, and drugs from their peers without offending their American-Indian and non-American-Indian friends. While the participants practiced communication skills, leaders offered coaching, feedback, and praise.

Coping skills included self-instruction and relaxation to help subjects avoid substance use situations and deal with pressure. Leaders suggested alternatives to tobacco, alcohol, and drug use, and taught subjects to reward themselves for positive decisions and actions.

With culturally meaningful examples, leaders helped participants predict high-risk occasions for substance use. Participants also practiced ways to build networks with friends, family, and tribal members who could nurture and sustain responsible decisions about substance use.

Social networking encompassed school, family and reservation resources. In homework assignments, participants were asked to monitor and support one another's preventive intervention attempts between sessions. Reporting on homework gave the participants the opportunity to discuss social networking and allowed them to integrate communication, coping, and discrimination skills for bicultural competence and substance-abuse prevention.

Risk Factors Addressed

Friends who engage in a problem behavior
Favorable attitudes toward problem behavior

Protective Factors Addressed

Healthy beliefs and clear standards
Skills: Resistance skills, social competence
Bonding

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Native American

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy.

Evaluation Tool Cost:
Please contact the program for cost information.

The following are suggestions of areas you may want to assess if you implement this promising practice:

- Assess change in substance use attitudes
- Assess increase in interactive skills
- Assess change in self-reported use of alcohol, tobacco, and other drugs

Research Conclusions

The participants who received preventive intervention, based on bicultural competence skills, improved more at post-test and 6-month follow-up than did the control subjects on measures of substance-use knowledge, attitudes, and interactive skills, and on self-reported use of smoked and smokeless tobacco, alcohol, marijuana, inhalants and other drugs.

The authors believe that these data lend modest support to a bicultural competence skills intervention approach for preventing substance abuse among American-Indian youth. They asserted that the findings have implications for further research, and that the data in this study must be interpreted cautiously because the subjects were a small sample of the myriad American-Indian and Alaska-Native groups in America.

Costs as of December 2001 (Subject to Change)

Materials Cost: $190
This includes the program and evaluation materials.

Special Considerations

Please consider the following before selecting this strategy for your community:

• All program materials are packaged in an easy-to-use format.

• Technical assistance is offered for implementing and evaluating the program.

• A CD Rom step-by-step guide to setting-up, implementing and evaluating the program has been developed.

Contact Information

For training, technical assistance, and materials contact:
    Shobana Raghupathy
    Sociometrics Corporation
    170 State Street, Suite 260
    Los Altos, CA 94022

E-mail: Shobana@socio.com

Phone: 650.949.3282 x 209

Fax: 650.949.3299

PROMISING PRACTICE: Birth to Three Program – Make Parenting a Pleasure

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt from materials provided by Birth to Three.)

Birth to Three is designed for a broad range of parents with infants and young children (0-7 years of age). Birth to Three's mission is to strengthen families and promote the well being of children through parent education and support. Programs include:

- First 3 Years Program (for families with infants, one and two year olds)
- Make Parenting a Pleasure (for parents with children age birth to seven who are experiencing a higher level of stress)
- Teen Parent Program (for pregnant and parenting teens and their partners ages 12-21)
- Crecer: To Grow Up (for famlies with children ages birth to five whose primary language is Spanish)
- Healthy Start and Welcome Baby (for first time parents of newborns)

All programs are built on the following assumptions:

- Parenting is the most important and challenging job there is.
- Parents are their children's first and most important teachers.
- There are many right ways to be a parent or a child.
- Parents are the foundation of the family.
- Getting and giving support is essential for parents.

The original format of Birth to Three, which began in 1978, was to bring together new parents from the same neighborhoods into groups to share their parenting experiences, learn about normal early childhood development, develop a support network, and learn about other community resources available to them. Birth to Three has grown considerably since that time in response to the changing needs and dynamics of the family. However, its philosophy and mission have remained unchanged.

All participants in Birth to Three programs receive the following:

- A subscription to the bimonthly Birth to Three Parenting Newsletter.
- Access to the Parent Resource Telephone "Warmline" during working hours, a community service provided to any local parent who calls.
- Admission to Birth to Three educational events which are often open to the community for a fee.
- The Birth to Three Resources Poster which is also given to all parents in the community through the hospitals when they give birth.
- The use of the Parent Resource Room for Playtime for Parents and Children at scheduled times during the week for parents to bring their children for unstructured play and interaction with other Birth to Three families.
- Monthly birthday parties for all Birth to Three babies turning one or two during that time period.

Risk Factors Addressed

Family management problems

Protective Factors Addressed

Bonding: Family

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal
Selective

Populations Appropriate for This Promising Practice

- Parents with infants and young children
- Teen parents
- Pregnant and parenting women in recovery from alcohol and other drug abuse

Evaluating This Promising Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy. The curriculum includes a pre- and post-test developed with assistance from Oregon State University. There is also a mid-course evaluation to help guide parent educators in conducting the class.

Evaluation Tool Cost:
There is no cost as the tool is included in the curriculum.

The following are suggested areas to assess when implementing this practice:

- Assess the increase in family management skills
- Assess the number of suspected child abuse cases

Research Conclusions

The curriculum has been evaluated in two empirical studies and found to have significant effect on the reduction of parenting factors that may lead to child abuse such as parent stress levels, harsh parenting, and increased parents' feelings of competence.

Results include:

- Less parental stress and less stress between partners, as measured by the Parent Stress Index (PSI)
- A decrease in abuse potential, in parental stress, in parenting rigidity, and an increase in unhappiness, as measured by the Child Abuse Potential Inventory (CAPI)

- An increase in parents' sense of efficacy, self-esteem, and satisfaction in their parenting.
- A decrease in inappropriate discipline practices by parents.
- Those parents who scored in the clinical range on having problems with their child(ren) at pretest reported a significant reduction in overreactivity, verbosity, and laxness when interacting with their children after the completion of the MPAP class.

Costs as of January 2002 (Subject to Change)

Training Time:
Two eight-hour days. Longer trainings can be arranged.

Training Cost:
$2,800.00 plus airfare, hotel, ground transportation, and per diem for 2 trainers.

Note: Training is not required for successful implementation of the Make Parenting A Pleasure program. Each training is limited to 25 participants. Please see *Special Considerations* below.

Strategy Implementation:
The cost of implementing this practice includes the following budget areas: $899 for curriculum package, staff to implement the program, room or site rental, access to a TV-VCR, a nutritious snack for the group and for children of childcare, supplies such as flip charts, etc. for parents, optional supplies for door prizes or other incentives, childcare costs, if childcare is offered.

Special Considerations

Please consider the following before selecting this strategy for your community:

- Program materials for parents are written at 4th grade level and can be adapted for parents who are non-readers.
- Birth to Three strongly advises that each group leader should adjust the pace, presentation style, and amount of material presented in a session to the individual group.
- Make Parenting A Pleasure groups are offered in schools, churches, community centers, service club and agency sites across the country.
- The critical elements are that the site is accessible, inviting, and comfortable, and that staff is welcoming and non-judgmental.
- Group sessions may be offered in evening or day times.
- MPAP can be adapted to be used for home visitation programs.

Contact Information

For training, technical assistance, and materials visit web site:
  http://www.birthto3.org
or contact:
  Minalee Saks, Executive Director
  Birth to Three
  86 Centennial Loop
  Eugene, OR 97401
  E-mail: msaks@birthto3.org
        birthtothree@birthto3.org
  Phone: 541.484.5316
  Fax: 541.484.1449

PROMISING PRACTICE: Diineegwahshii

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpts from: *Diineegwahshii: A Substance Abuse Prevention Program "Promising Practice,"* Fairbanks Native Association, 1998.)

Diineegwahshii is a substance abuse prevention program targeting Alaska Native girls. The philosophy is based on native culturally values, and uses home visits and case management to strengthen bonds between the adolescent girl and her family and confront profound risk factors facing many Alaska Native girls (e.g. teen pregnancy rate of 20 percent for Alaska Native girls ages 15 to 19; school dropout rate of 12.6 percent; high incidence of sexual and/or physical abuse, substance abuse, runaways).

Home visits teach life skills, cultural awareness, and family management skills to teen girls and their mothers. The program also includes field trips, success ceremonies, and family and community gatherings. More specifically, the program includes:

*   Outreach
*   Assessment (Risk Assessment; Psychosocial Assessment; Family Assessment)
*   Case Management – Coordinates allied health/human/social service opportunities or benefits
*   Home Visits – Individual skill development, emotional/social support, educational assistance, other assistance
*   Group Training – Individual skill development/life skills
*   Social Learning Activities/Field Trips
*   Success Ceremonies – Individual or family ceremonies celebrating accomplishments
*   Family and Community Gatherings
*   Transportation – to and from all program activities and service referrals

Eighty percent of the girls served are Athabaskan. The remainder are other Alaska Natives or American Indians. Seventy-four percent have lived in a village at some point in their life. The ages range from 10 to 18, with the typical girl being 13 years old. Of the girls, 48% have attended four or more schools. The most prevalent risk factors for participants are being economically disadvantaged, being the child of a substance abuser, and being the victim of physical or sexual abuse or neglect.

Risk Factors Addressed

Family management problems
Lack of commitment to school

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding: Opportunities, skills and recognition

CSAP Strategy

Education
Alternatives

Type of Strategy

Selective

Populations Appropriate for This Promising Practice

Native American girls, ages 10-18 and their families

Evaluating This Promising Practice

The following are suggestions of areas you may want to assess if you implement this promising practice:

*   Assess the rate of school drop-out among participants
*   Assess the rate of substance abuse among participants

Research Conclusions

During the program's first four years:

*   None of the 77 girls enrolled became pregnant
*   Only 2.5 percent dropped out of school
*   Substance abuse dropped significantly
*   Girls and their parents accomplished important personal goals (e.g., mothers gaining employment, participant returning to school, securing new housing)

Costs and Special Considerations

Please inquire of the contact below.

Contact Information

For materials, training, technical assistance, or more information contact:

Valerie Naquin, M.A.
Fairbanks Native Association
605 Hughes Ave
Fairbanks, AK 99701-7539

E-mail: fnalife@polarnet.com

Phone: 907.452.1274

Fax: 907.456.6306

PROMISING PRACTICE:
The Early Childhood Substance Abuse Prevention Project

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

This program is not currently available for replication. Revisions are being made to the curricula and new materials are being developed.

The Early Childhood Substance Abuse Prevention Project is a preschool and daycare program which consists of three components:

1. "I'm So Glad You Asked" prevention curriculum
2. "Cherishing Yourself and Your Child" parenting curriculum
3. Work within the community, raising awareness of how substance abuse impacts the family

(Excerpt from "Program Findings Sheet," Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation – Part of CSAP's *Promising Practices Series,* 1998.)

The "I'm So Glad You Asked" curriculum aims to help children mitigate the risks associated with a substance-abusing family environment. "Cherishing Yourself and Your Child" is a relational parenting curriculum that focuses on building the kind of supports, connections and interactive processes between parents and children that promote healthy physical/psychological growth and learning that create mutually empathetic relationships. The curriculum has six sections with numerous activities that can be used for at least 15 (1.5 hour) sessions or more:

1) Parent Needs/Child Needs
2) Communicating
3) Working Through Difficult Feelings
4) Inner Child of The Past
5) Discipline vs. Punishment
6) Discovering Our Inner Nurturer

Staff were also trained with specialized workshops and conferences on specific issues such as neuro-developmental and behavioral outcomes of drug-affected infants and young children.

Program Objectives
- Increase the resiliency and protective factors in preschool children by increasing their self-esteem, decision-making abilities, communication skills, and factual knowledge of substances

- Increase the parenting knowledge and skills of parents enrolled in drug treatment programs and parents enrolled in a family development program for parents who have committed child abuse.

- Increase effective family functioning and reduce the risk of family substance abuse for the targeted families.

Risk Factors Addressed

Parental attitudes and involvement in drug abuse

Protective Factors Addressed

Skills
Bonding to family

CSAP Strategy

Education
Information dissemination

Type of Strategy

Selective

Populations Appropriate for This Promising Practice

Children ages 3-5 in preschool setting

Evaluating This Promising Practice

This practice is anticipated to come with an evaluation tool that can be used when implementing this strategy. Please see the contact listed below for cost inquiries.

The following are suggested areas to assess when implementing this practice:

- Assess preschoolers' decision-making skills, communication skills, and knowledge of substances

- Assess parents' knowledge and use of discipline methods and other parenting skills

- Assess parents' empathy toward their children

Research Conclusions

(Excerpt from "Program Findings Sheet," Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation – Part of CSAP's *Promising Practices Series,* 1998.)

- ISGYA children exhibited more improvement in the ability to identify unsafe objects, particularly those associated with drugs, than the control group.

- ISGYA children showed significantly more improvement in the ability to correctly identify feeling expressions than the control group, and parents reported improvements by preschoolers in expressing their feelings.

- Changes were noted among parents in moving towards understanding and empathy for their children and in moving from punishment to discipline.

Costs

Training Time for CY&YC curriculum: Two days

Training Cost for CY&YC curriculum:
$600 plus travel, accommodations, rental car, and food. (Ideally, groups need 6 to 12 participants)

The cost of implementing this strategy is currently undetermined.

Special Considerations

None listed at this time

Contact Information

This program is not currently available for replication. Revisions are being made to the curricula and new materials are being developed.

For information about the CY&YC curriculum, contact:
   Jan Hudak
   1527 N. Juniper
   Tacoma, WA 98406
   E-mail: ljhudak@earthlink.com
   Phone: 253.756.6817

PROMISING PRACTICE: Faith-Based Prevention Model

(Formerly known as "Jackson County Church Coalition")

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt from "Jackson County Alcohol and Other Drug Prevention Partnership," 3H86 SPO 4120 01, Health Promotion Program Initiatives of the Area Agency on Aging for North Florida, Inc., July 30, 1991-April 30, 1997.)

Six rural churches, a part of the Partnership Prevention Program, received funds to develop, implement, and evaluate drug prevention programs for their respective church communities. The Health Advisory Council (HAC), the lead founding partner, worked with each church in planning, implementing, and evaluating their respective programs.

The program planning processes philosophically considered:

* The specific health problem to be addressed
* The target population's lower socioeconomic status
* Program delivery systems that include oral traditions
* Influences of the church
* Reading ability and locus of control of the target clients
* Importance of the family

Also considered were concepts inherent in Rokeach's systems of beliefs, attitudes, values, and self-concept, as well as Becker's (1974) Health Belief Model. Most importantly, children-resiliency concepts as influenced by the family, school, and community (Bernard, 1991) were incorporated.

Representative church leaders and pastors participated in training activities that focused on:

* Alcohol and other drug knowledge
* Basic community development skills
* Effective utilization of community agencies
* Program planning, implementation, and evaluation skills
* Project assessment/reporting procedures

Training activities were guided by materials and manuals developed by project staff. Three training manuals were designed to provide:

* Guidance on how to develop a church drug prevention program and a drug-free community
* Basic alcohol and other drug prevention suggestions
* How ministers can integrate prevention activities into ongoing church activities

As part of the training processes, each church committee planned a program based on:

* The demographic characteristics of their church community
* Religious, socioeconomic, and community cultural values
* Respective HAC identified priorities
* Available church and grant resources

Each church committee identified special activities using an action plan/fiscal format. The program differed based on the different church characteristics, philosophy, and target population, but all addressed the areas of:

* Competition and cooperative activities between and among churches
* Youth recognition for excellence programs
* Mentoring
* Parenting
* Keeping youth successful in school
* Alternatives to alcohol and other drug use
* Peer resistance activities
* Public relations activities
* Intergenerational activities
* Training activities
* After school and summer programs
* Data collection

Risk Factors Addressed

Friends who use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Information
Education
Alternatives

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Rural
Church members
African Americans

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy. The cost is minimal, about 75 cents per student. Please contact Faith-Based Prevention Model regarding cost.

The following suggestion is an area you may want to assess if you implement this practice:

* Assess the likelihood of youth participants engaging in problem behaviors when their friends do.

Research Conclusions

(Excerpt from Mary S. Sutherland, Charles D. Hale, Gregory J. Harris, Philip Stalls, and David Foulk. Strengthening Rural Youth Resiliency Through the Church, *Journal of Health Education*-July/August 1997, Volume 28, No.4.)

Children were more likely to:

- Avoid drinking alcohol
- Stay away from bad situations
- Count on their friends for help when confronting serious problems
- Less likely to participate when friends "get high"
- Have healthier self-images
- Perform better in school

Gender had no effect on responses.

Costs as of December 2001 (Subject to Change)

Training Time: Varies

Training Costs: Negotiable

Implementation manuals and materials are available for $25 (plus $5 for shipping/postage) each.

Strategy Implementation:
The cost of implementing this strategy is undetermined as volunteers are widely used for the program. A possible estimate for six churches of 150 members each is $100,000.

Special Considerations

Please consider the following before selecting this strategy for your community:

- Articles regarding this program should be available at local university libraries. These articles better explain the program. Please contact Mary Sutherland or Gregory Harris for a list of published articles. (See below for contact information.)

- The program developers encourage interested individuals to not attempt to develop or implement this model without contacting Dr. Sutherland or Mr. Harris. They will share some free materials with interested projects. Further additional manuals are available for purchase: Ministers Manual, Training Manual, Parenting Manual, Grandparenting Manual.

Contact Information

If interested in ordering materials, please contact Dr. Sutherland or Mr. Harris for further instructions.

For training, technical assistance, and materials contact:
Dr. Mary Sutherland or Gregory J. Harris
Area Agency on Aging for North Florida, Inc.
Health Promotion Program Initiatives
2639 N. Monroe St., Suite 145B
Tallahasee, FL 32312

E-mail: hppi@nettally.com
           msutherl@garnet.acns.fsu.edu

Phone: 850.488.0055

Fax: 850.414.6914
           850.922.2420

PROMISING PRACTICE: Families in Action

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Information from: Pilgrim, C., Abbey, A.; Hendrickson, P.; Lorenz, S. (1998). "Implementation and impact of a family-based substance abuse prevention program in rural communities." *Journal of Primary Prevention,* 18(3), 341-361.) Families In Action is a family-based alcohol, tobacco, and other drug abuse prevention program. It targeted families in eight rural school districts with students entering middle or junior high school.

The goals of the program were to increase:

• Resiliency and protective factors including family cohesion
• Communication skills
• School attachment
• Peer attachment
• Appropriate attitudes about alcohol and tobacco use by adolescents

The FIA program offers sessions once a week for six consecutive weeks to parents and youth. Program sessions address:

• Parent/child communication
• Positive behavior management
• Interpersonal relationships for adolescents
• Factors which promote school success

Both parents and youth are taught similar communication skills. Families In Action focused on involving the community in all stages of its program.

Risk Factors Addressed

Parental attitudes favorable toward drug use
Lack of commitment to school
Favorable attitudes toward problem behavior

Protective Factors Addressed

Opportunities, skills and recognition
Healthy beliefs and clear standards
Family bonding
School bonding
Peer bonding
Communication skills

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Rural
6th grade middle schools students/7th grade junior high students and their parents

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy. This program does not charge for the tool however portions of it may need to be purchased from other developers. Data analysis is not provided.

The following suggestion is an area you may want to assess if you implement this practice:

• Assess the following: family cohesion, shared family activities, school attachment and participation, peer attachment, curriculum knowledge, and parents' and students' attitudes toward alcohol and tobacco.

Research Conclusions

(Information from: page 357 of Pilgrim, C., Abbey, A.; Hendrickson, P.; Lorenz, S. (1998). "Implementation and impact of a family-based substance abuse prevention program in rural communities." *Journal of Primary Prevention,* 18(3), 341-361.) The results indicated several positive program findings for students and parents:

• Program participation was more beneficial for boys than for girls.

• Boy graduates had higher school and peer attachment, more appropriate attitudes about alcohol, and believed that alcohol should be consumed at an older age as compared to boy non-participants.

• Parents who graduated from the program reported an increase in activities at their child's school and an increase in talking with counselors as compared to non-participants.

• Some short-term program effects were found for parent graduates only: greater curriculum knowledge, higher family cohesion, and an increase in the age considered appropriate for alcohol consumption.

Costs as of May 2001 (Subject to Change)

See *Special Considerations* on the next page.

Training Time:
8 to 12 hours, depending upon trainee skills and needs

Training Costs:
$400 per day plus expenses and materials (for your entire group)

Individual fees for TOT workshop through Active Parenting Publishers:
    Toll free: 800.826.0080

Note: Standardized training is available through AuSable Valley CMH or through Active Parenting Publishers (Marietta, Georgia) who published the curriculum and is now including it in their Training of Trainers workshops held in Chicago and Atlanta in July.

Strategy Implementation:
* $450 Start-up cost from Active Parenting Publishers
* $1,205 each six-session program for up to 20 (families) participants

This $1,205 figure includes the following:

* $200: Participant handbooks for parents and teens
* $216: Parent Group Leader, 3 hours/night
* $432: Teen Group Leader and Co-Leader
* $207: $17.25 per sibling child care (if provided) per session, minimum of two
* $150: Refreshments and other materials

Note: An implementation manual *(Checkpoint Parent Education Implementation Manual)* is available directly from AuSable Valley CMH. It contains numerous details concerning implementation. Electronic copies are free; hard copies are sold at our cost for copying, handling, and mailing. I will be e-mailing a copy with this survey. At one time we professionally tape-recorded a reading of the Parent Handbook for parents who preferred listening, although the book has since been revised. It is possible for a parent to learn the skills by attending the class and not reading the book. We hold the program in the school in the evening to make a positive connection between the parents and the school environment.

Special Considerations

Please consider the following before selecting this strategy for your community:

*   Peggy Hendrickson, program developer and co-author, could be available to train your group at your site. She will tailor the training to meet the needs of your parent and teen group leaders, trainers of trainers, school, or administration organization.

*   Active Parenting Publishers provides Training of Trainers events in July or, alternatively, they can send a trainer to your site to train group leaders.

Contact Information

For training, materials, technical assistance, or for more information contact:

Peggy Hendrickson, MA, MSW, ACSW
AuSable Valley Community Mental Health Services
1199 W. Harris Ave.
P.O. Box 310
Tawas City, MI 48764

E-mail: phendrickson@voyager.net

Phone: 517.362.8636

Fax: 517.362.7800

PROMISING PRACTICE: Friendly PEERsuasion

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Weiss, Lazar, F., and Nicholson, H.J. "Friendly peersuasion against substance use: the girls incorporated model and evaluation" in Valentine, J., DeJong, J., Kennedy, N. *Substance Abuse Prevention in Multicultural Communities.* Haworth Press, New York, 1998, pp. 7-22. Book available from Haworth Press at 800-HAWORTH, *getinfo@haworth.com.*)

Girls Incorporated designed Friendly PEERsuasion to help girls of middle school age (generally ages 11 through 14) acquire the knowledge, skills and support systems to avoid substance abuse.

In the first phase of the program, the girls participate in 14 one-hour sessions facilitated by a trained adult leader, involving hands-on, interactive and enjoyable activities such as games, group discussions and role plays. Through these activities, participants learn about the short-term and long-term effects of substance abuse, experience healthy ways to manage stress, learn to recognize media and peer pressure to use drugs, practice skills for making responsible decisions about drug use, and prepare to become peer leaders. Each session focuses on a particular objective while reinforcing skills and knowledge introduced in previous sessions. After completing this core curriculum the participants are certified as peer leaders (PEERsuaders).

In the second phase of the program, small teams of peer leaders use what they have learned in phase 1 and draw on their own experiences and creativity to plan and implement eight to ten short sessions of substance abuse prevention activities for children ages 6 through 10 (PEERsuade-Me's). Working with their adult leaders, they present factual information and model and practice skills, attitudes, and behaviors related to substance abuse prevention.

Friendly PEERsuasion was found to be moderately effective in delaying initial or repeat substance use especially among the younger participants.

The demonstration sites chosen for this program included girls from differing ethnic and racial backgrounds who lived in a variety of high-risk situations. The sites were Girls Incorporated organizations in Rapid City, South Dakota; Pinellas Park, Florida; Birmingham, Alabama; and Worcester, Massachusetts.

Risk Factors Addressed

Early initiation of problem behavior
Friends who engage in problem behavior
Favorable attitudes toward problem behavior

Protective Factors Addressed

Opportunities, skills and recognition

CSAP Strategy

Education
Alternatives

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

African American
Caucasian (non-minority)
Latina
Native American

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy. There is no cost for the evaluation tools, which include some technical assistance.

The following are suggested areas to assess when implementing this practice:

- Assess the rate at which participants smoke cigarettes, drink alcohol, and/or use other drugs
- Assess whether participant leave situations in which peers are using harmful substances

Research Conclusions

(Weiss, Lazar, F., and Nicholson, H.J. Friendly PEERsuasion Against Substance Use: The Girls Incorporated Model and Evaluation in Valentine, J., DeJong, J., Kennedy, N. *Substance Abuse Prevention in Multicultural Communities.* Haworth Press, New York, 1998, pp. 7-22. Book available from Haworth Press at 800-HAWORTH, *getinfo@haworth.com.*)

- Friendly PEERsuasion appeared effective in delaying initial or repeat substance use among the younger participants.
- Younger participants also were likely to report leaving situations in which friends were using harmful substances.
- Evaluations paralleled other substance abuse prevention programs in finding that continuing reinforcement is necessary, such as providing opportunities for PEERsuaders to use what they have learned to benefit others.

Costs as of December 2001 (Subject to Change)

Training Time: Three days

Training Cost: $300 plus travel, lodging and meals

Strategy Implementation:

Programs are not sold but are licensed on a yearly basis. Interested organizations should phone the contact listed below.

Special Considerations

Please consider the following before selecting this strategy for your community:

• Organizations must be affiliated with or licensed by Girls Incorporated to implement Friendly PEERsuasion.

Contact Information

For more program information, visit:

Web site: *http://www.girlsinc.org*

or contact:

Sarah Riester
National Resource Center
441 W. Michigan Street
Indianapolis, IN 46202

E-mail: sriester@girls-inc.org

Phone: 317.634.7546 ext. 39

Fax: 317.634.3024

To inquire about training, contact:

Penny Sheppard

E-mail: psheppard@girls-inc.org

Phone: 317.634.7546 ext. 22

For information about licensing the program, contact:

Kelly Knowlton Maldia

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PROMISING PRACTICE: Growing Healthy

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt from information provided by Elaine M. Gasper, M.Ed., Director of Education, National Center for Health Education, New York, NY.)

With 42 to 53 lessons per year, Growing Healthy addresses ten content areas at each grade level for Kindergarten through Grade Six. Growing Healthy promotes students' self-esteem and decision-making skills, enabling them to adopt healthy, responsible attitudes and behaviors. The program addresses not only the physical, but also the emotional and social dimensions of health, and helps students confront today's most pressing health issues such as substance use and abuse, HIV/AIDS, and violence/injury/abuse.

The Growing Healthy curriculum includes activities for family and community involvement. There is also material on conflict resolution and violence prevention integrated into the curriculum. Growing Healthy may easily be integrated into and may enhance the teaching of science, math, language arts, reading, social studies, music, and art. Additionally, the program may be used to meet the curricular guidelines for these subjects.

Puppets, posters, cassettes, books, videos, and 3-D models are included with the program, as well as curriculum teaching guides and blackline masters for each grade level. The Growing Healthy program requires teacher training for those who teach the program. The Growing Healthy Online Training CD ROM helps educators appreciate the importance of comprehensive school health education and learn how to effectively implement and manage the Growing Healthy curriculum, giving participants the confidence they need to bring the program to life. Teachers explore the Growing Healthy curriculum and are exposed to the wide variety of interactive instructional strategies used within the program.

Risk Factors Addressed

Early first use
Favorable attitudes toward drug use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

K-6th grade students

Evaluating This Promising Practice

This practice does not come with an evaluation tool that can be used when implementing this strategy.

The following are suggested areas to assess when implementing this practice:

- Assess number of students beginning to smoke
- Assess student attitudes regarding alcohol, tobacco and other drug use

Research Conclusions

(Excerpt from "Growing Healthy" at web site: *http://www.nche.org/ghfinalpg/ghresult.html*)

One study, with a sample of 30,000 students across 20 states, analyzed four measures of program effectiveness: overall knowledge, attitudes, practices, and program-specific knowledge. The study concluded that health education is an effective means of helping children to improve their health knowledge and to develop healthy attitudes. It found that SHCP showed the strongest statistically significant effects on overall knowledge, attitudes, and behavior of the programs studied.

One of the most striking behavioral correlates of exposure to Growing Healthy was among 7th graders. Based on self-reports, almost 3 times as many students in a control group began smoking in the first half of the 7th grade, as compared to those students enrolled in Growing Healthy. Further, full implementation and fidelity of program design were found to be important factors in the program's success. Growing Healthy's effectiveness was related to the teacher training and materials allocated to support the program.

A second study, conducted by Richard L. Andrews and David D. Moore found, again, that Growing Healthy has a significant impact on students' knowledge, attitudes, and behaviors. In this 10-year longitudinal study, Growing Healthy students were tracked from kindergarten through 7th grade and were subsequently followed up at grades 9-12.

The study also demonstrated that Growing Healthy students have significantly higher levels of knowledge about health and how to maintain personal health compared to students who had a traditional health curriculum. At 7th and 9th grade, Growing Healthy students reported lower levels of experimentation with smoking or illegal drugs than those who did not use the curriculum. The study also found that the differences in knowledge and attitude toward substance abuse and good health persisted three years out of the class.

Costs as of May 2001 (Subject to Change)

Training Time: Approximately 2-3 hours per grade level

Training Costs: $120 per teacher

Please Note: Those teaching Growing Healthy at more than one grade level will need to purchase a CD-ROM for each grade being taught.

Strategy Implementation:
- $174.95 for curriculum guide with blackline masters and glossary

- $39.95 to $57.95 per set of teacher support materials

- $875-$2,395 for a kit of peripheral materials (videos, books, models, posters, etc.) required for each grade level.

- Training Costs

Note: The cost of the program is based on the number of classrooms implementing Growing Healthy at a particular site. Each teacher is required to have a curriculum guide with blackline masters and glossary and a set of teacher support materials. In addition, a kit of peripheral materials is required for each grade level. Up to four teachers at the same grade level share one kit. Training Costs are separate.

These costs are "up-front." Once implementation begins, there are little to no additional costs associated with Growing Healthy.

Special Considerations

Please consider the following before selecting this strategy for your community:

- A training of trainers is also offered for experienced Growing Healthy teachers who wish to become master trainers and train teachers at their local site. Growing Healthy has been successfully implemented in urban, suburban, and rural areas. The program has been implemented in public, private, and parochial schools, and in schools of different types on American Indian reservations.

- The National Center for Health Education provides ongoing technical assistance to project facilitators, administrators, teachers, and others who implement Growing Healthy at the local level. This technical assistance includes information sharing, technical support for training and program implementation, information and referral, and program enhancement opportunities.

Contact Information

For additional information, visit web site:
 http://www.nche.org

To order Growing Healthy materials, contact:
 Toll free: 800.551.3488

For technical assistance, training and general information contact:

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National Center for Health Education
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PROMISING PRACTICE: I Can Problem Solve

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/promise/ICPS.htm*)

The I Can Problem Solve (ICPS) is a school-based intervention that trains children in generating a variety of solutions to interpersonal problems, considering the consequences of these solutions, and recognizing thoughts, feelings, and motives that generate problem situations. By teaching children to think, rather than what to think, the program changes thinking styles and, as a result, enhances children's social adjustment, promotes pro-social behavior, and decreases impulsivity and inhibition.

The program was originally designed for use in nursery school and kindergarten, but it has also been successfully implemented with children in grades 5 and 6. Throughout the intervention, instructors utilize pictures, role-playing, puppets, and group interaction to help develop students' thinking skills, and children's own lives and problems are used as examples when teachers demonstrate problem-solving techniques.

Small groups of 6-10 children receive training for approximately three months. The intervention begins with 10-12 lessons teaching students basic skills and problem-solving language. For example, children learn word concepts such as "not" (e.g., acting or not acting); "some/all" (solutions may succeed with one person but not all); "or" (discovering alternative solutions); "if...then" (learning consequences of actions); and "same/different" (thinking of multiple solutions).

The next 20 lessons focus on identifying one's own feelings and becoming sensitive to others' emotions. Students learn to recognize people's feelings in problem situations and realize that they can influence others' responses. The last 15 lessons utilize role-playing games and dialogue to promote problem-solving skills. Students generate solutions to hypothetical problem situations and consider the possible consequences to their decisions.

Risk Factors Addressed

Early antisocial behavior

Protective Factors Addressed

Skills: Problem solving

CSAP Strategy

Education

Type of Strategy

Selective

Populations Appropriate for This Promising Practice

- Children ages 4-12
- Low income and middle income
- Urban
- Caucasian, Hispanic, Asian, African American and Native American
- Children with Attention Deficit Hyperactivity Disorder and Asbergers Disorder

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy.

Evaluation Tool Cost: $31

This figure includes the following options:

- Preschool Interpersonal Problem Solving (PIPS) test, $17.50
- What Happens Next Game (WHNG) $8.50
- Behavior Rating Scale $5.00

Each measure above is optional and separate.
The following are suggested areas to assess when implementing this practice:
- Assess the impulsivity of participants
- Assess the problem-solving skills of participants

Research Conclusions

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado web site: *http://www.Colorado.EDU/cspv/blueprints/promise/ICPS.htm*)

An evaluation of ICPS that included nursery and kindergarten students revealed significant benefits for intervention students. Immediately following and one year after the program ended, ICPS children, compared to control students, demonstrated:

- Less impulsive and inhibited classroom behavior
- Better problem-solving skills

A five-year study including inner-city, low-income children in nursery school and kindergarten demonstrated that intervention children, compared to control students, had:

- Improved classroom behavior and problem-solving skills, even 3-4 years after the program.

A replication with fifth and sixth grade students found that ICPS children, compared to a control group, demonstrated:

- More positive, pro-social behaviors
- Healthier relationships with peers
- Better problem-solving skills

(The following note is an excerpt from "I Can Problem Solve [ICPS] for Schools, Raising A Thinking Child [RATC] for Families Research Summary," Myrna B. Shure, Ph.D.)

Note: All research reported above was conducted with low-income, primarily African American populations. Research by others nationwide has now replicated the impact of ICPS on a diversity of lower- and middle-income groups, including Caucasian, Hispanic, Asian, and American Indian children, as well as with special needs groups, including Attention Deficit Hyperactivity Disorder and Asbergers Disorder.

Costs as of December 2001 (Subject to Change)

Training Time:
Half-day, full-day, and two-day on-site workshops are available

Training Costs: $1000 per day plus travel and expenses

Training is available for teachers, counselors and other school personnel who work with children ages 4-12.

This on-site training provides:
1. An overview
2. A participant role play:
    •   Lessons
    •   Talking with children using the problem solving style
3. A discussion of implementation issues

Workshops can be presented in a train-the-trainers model or in training the teachers directly. The role of the counselor and others are discussed.

Cost for manuals:
• Preschool - $39.95/each
• Kindergarten/primary grades - $39.95/each
• Intermediate elementary grades - $39.95/each

Manuals are available for purchase at Research Press:
    Toll free: 800.519.2707 or

    Web site: *http://www.researchpress.com*

Note: Training can be combined with the curricula *Raising a Thinking Child,* or as a stand-alone.

Special Considerations

Please consider the following before selecting this strategy for your community:

• A problem-solving style of talk (ICPS dialoguing), used when real problems arise, is key to impacting the children's behavior. This dialogue style helps the child associate "how they think with what they do."

• This program is best implemented by teachers in their classrooms. Counselors and others who work with individual high-risk children can reinforce ICPS with the dialoguing approach as well.

Contact Information

For more information on I Can Problem Solve training, materials and technical assistance, contact:
    Myrna B. Shure, Ph.D.
    MCP - Hahnemann University
    Clinical and Health Psychology Department
    245 N 15th ST, MS 626
    Philadelphia, PA 19102-1192
    E-mail: mshure@drexel.edu
    Phone: 215.762.7205
    Fax: 215.762.8625

Manuals are available for purchase at Research Press:
    Toll free: 800.519.2707 or
    Web site: *http://www.researchpress.com*

PROMISING PRACTICE: Native American Prevention Project Against AIDS and Substance Abuse

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpts/summary from Rolf, J., Nansel, T., Baldwin, J., Johnson, J., and Benally, C. "HIV/AIDS and substance abuse prevention in American Indian communities: behavioral and community effects." Unpublished document.)

The Native American Prevention Project Against AIDS and Substance Abuse (NAPPASA) collaborated with several schools throughout northern Arizona and western Washington to develop, implement and evaluate culturally sensitive HIV/AIDS preventive interventions that are linked with alcohol and other drug abuse prevention programs. The NAPPASA school curriculum, for 8th and 9th graders, consisted of a 24-session curricula which addressed multiple issues facing American Indian communities from the perspective of the American Indian experience.

Classroom sessions were designed to build knowledge, acquire and practice prevention skills with peers, and foster new positive peer group norms for preventive communications and behaviors in the context of Native American values. The curriculum covered facts and issues about alcohol and other drug abuse; basic reproductive biology; HIV/AIDS; linking AOD to HIV; sexually transmitted diseases (STD's) and how they are transmitted; how assertive communication skills can prevent unwanted sex, pregnancy and STD's; decision making skills; healthy options, social skills, coping with pressures; and reinforced practice and role plays. Further booster sessions involved activities, community meetings, and showing NAPPASA-produced videos and print media.

Both the 8th and 9th grade curricula were presented to the schools as a package containing a NAPPASA Instructor's Manual (approximately 330 pages) NAPPASA Student's Manual, and 9 to 10 videos. A two-day training is delivered to the instructors selected to implement the curriculum.

Risk Factors Addressed

None specifically addressed

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Education

Type of Strategy

Indicated

Populations Appropriate for This Promising Practice

Native American

Evaluating This Promising Practice

The following suggestion is an area you may want to assess if you implement this practice:

- Assess the rate of alcohol and other drug use by program participants over time compared to a comparable group of non-participants

Research Conclusions

(Excerpts/summary from Rolf, J., Nansel, T., Baldwin, J., Johnson, J., and Benally, C. "HIV/AIDS and substance abuse prevention in American Indian communities: behavioral and community effects." Unpublished document.)

Research was conducted with a total of 3,335 8th and 9th grade student participants in Arizona. Since NAPPASA baseline data showed that many of these students were already involved in high-risk behaviors before the NAPPASA preventive intervention, the NAPPASA outcomes were geared toward decreasing future high-risk use of alcohol and other drugs by those already using regularly, and slowing the normal increase in rates of use by the non-users and light users.

Compared to non-intervention groups, a significantly higher percentage of NAPPASA intervention participants remained in or moved to the lower-risk AOD use category at both 9th and 10th grade follow-up. Among the baseline non-users, the "normal developmental trend toward increased AOD use" was slowed.

Preventive interventions targeting sexual behavior often raise concerns that teaching about this may lead to an increase in sexual activity. However, intervention youth showed greater maintenance of virginity, and lower rates of some types of risky sexual behavior in non-virgins. Among the older non-virgin youth, NAPPASA participants were less likely to have had sex while drunk or high, a particularly risky behavior for transmission of STD's, including HIV.

The NAPPASA students consistently showed a marked increase in their use of family, rules, laws, religion, traditional ways, and community protective influences to help them avoid health-risking behaviors.

More information on the effects of NAPPASA can be found in: Mail, P.D.; Heurtin-Roberts, S.; Martin, S.E.; and Howard, J., eds. "Alcohol use among American Indians: multiple perspectives on a complex problem." National Institute on Alcohol Abuse and Alcoholism Research Monograph No. 37. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, in press.

Costs and Special Considerations

Please inquire of the contacts below.

Contact Information

For copies of the curriculum, articles, and other resources contact:

Jon Rolf
Center for Substance Abuse Prevention
Division of Prevention Application and Education
5600 Fishers Lane, Rockwall II, Room 800
Rockville, MD 20857
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PROMISING PRACTICE:
Okiyapi: Devils Lake Sioux Community Partnership Project

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpts from: Hoggarth, A. D., Myer, B. & Rousey, A. (1996). "Family involvement and federal funding: An effective combination for the reduction of substance abuse in an ethnic minority community." Jamestown College.)

The Devils Lake Sioux Community Partnership Project (Okiyapi) was a 5-year federally funded program that aimed to reduce alcoholism on the Devils Lake (now called Spirit Lake) Sioux Reservation in rural North Dakota.

The major goals of the project were to:

1. Establish Family Circle Groups

2. Develop a coordinating body to provide community agency networking and a comprehensive substance abuse prevention plan

3. Train and certify at least five Native American addiction counselors. (Editors' Note: This goal is not considered a primary prevention activity and in many cases could not be funded with prevention dollars.)

Faced with the common situation of a lack of trained personnel in a disadvantaged, minority community, the coalition spent the first two years laying the groundwork by training community residents in addiction counseling. Although this was not considered part of substance abuse prevention, but rather a training activity, the independent evaluator concluded that the program's final success would not have been possible without including tribal members as the key figures in designing and implementing the entire program.

The project sponsored many workshops attended by a wide range of community members. Some activities targeted substance abuse prevention directly. Others addressed depression, suicide, parenting styles characterized by unrealistic expectations of family life and lack of structure, abuse, and domestic violence. Concern for family involvement was an integral part of the program. Okiyapi staff and coalition members took steps to address potential obstacles to participation in prevention and educational activities by offering activities for a wide range of ages, providing transportation, and involving community members extensively in designing and implementing the activities. Professional staff members from Okiyapi and the coalition served mostly to facilitate and support the decisions made by members of the Family Circle Groups.

The lead institution for the community coalition that the project developed was Little Hoops Community College. Activities conducted by Okiyapi were accomplished in cooperation with other agencies including Family Circle Tipi, Four Winds School, Tate Topa Tribal School, Inter-Agency Health Committee and many others. Two community activities that have persisted until the present are the Mothers/Grandmothers Support Group and the UNITY Youth Group.

Risk Factors Addressed

Family management problems
Family conflict
Community laws and norms favorable to drugs
Community disorganization

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding: Opportunities, skills and recognition

CSAP Strategy

Community-based process
Environmental
Education
Alternatives

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Rural
Native American

Evaluating This Promising Practice

The following are suggestions of areas you may want to assess if you implement this practice:

• Assess reported use of alcohol and related problems among youth
• Assess community-wide rate of alcohol-related offenses
• Assess changes in tribal laws regarding alcohol use and abuse
• Assess increase in family management skills among participants

Research Conclusions

At the outset of the program, the prevalence of alcoholism in the community was several times the national average. Unemployment, high school dropout rates, drug abuse, poverty, and crime rates also significantly exceeded the national statistics.

Process and outcome evaluation measures for Okiyapi showed evidence of:

• Strong interagency coordination in all program aspects
• Significant increase in community awareness of the program
• Extensive family involvement in program activities
• Declines in reported use of alcohol and related problems among youth
• Community-wide decline in alcohol-related offenses
• Changes in tribal law restricting availability of controlled substances

Costs and Special Considerations

Please inquire of the contact below.

Contact Information

For more information contact:
Dr. Ann Maria Rousy
Cankdeska Cikana Community College
2111 7th St. # 8
Santa Monica, CA 90405

E-mail: DrAnnMaria@aol.com

Phone: 310.717.9089

Fax: 310.396.0785

PROMISING PRACTICE:
PARITY: Promoting Academic Retention for Indian Tribal Youth

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Information from: *An Eagle's View: Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs,* by B. Hayne. September 1993. Northwest Regional Educational Laboratory, Western Regional Center for Drug-Free Schools and Communities, Volume 1, pp. 6-7. You can view the document at *http://www.nwrac.org/pub/library/e/index.html*)

PARITY seeks to reduce dropout rates and bolster resiliency in students. The focus group is Native American and non-Native American students, grades six through twelve, of the Klamath Trinity Joint Unified School District of Northern California. The program serves a population separated by mountainous terrain spread over 1,100 square miles.

The PARITY steering committee restructured the math, science, language arts and social science curriculum to make it more relevant to students. The curriculum has been enriched with Native American social, cultural, and historical contributions to the various disciplines. Faculty members from participating universities meet regularly to discuss instructional methods and content with the following four principles in mind:

1. Learn about and respect the student population
2. Incorporate its values and interests
3. Combine resources to enhance learning
4. Maintain high expectations

This approach leads to a greater understanding of the students' surroundings and their relationship to a larger, exciting world of learning. Often this becomes a school without walls as students study outdoors at various locations and with a variety of teachers since cross-institutional exchanges occur regularly. The program collaborates with several community partners.

The importance of institutional support for those staff members involved is reflected in release-time, cross-institutional collaboration, orientation and retreat meetings, professional development activities, and a sharing of both human and physical resources among all partner sites.

The PARITY steering committee meets regularly throughout the year to plan major events including fall orientation, fall retreat, Summer Bridge Enrichment, funding issues, public relations with the communities involved, and monitoring the project's overall structure.

The program cites four key components to success:

1. Cross institutional and community support promoting the common good of assisting students
2. Dedication of staff and personnel
3. Respect for the students and community
4. Involvement of all partner participants as equals

Risk Factors Addressed

Lack of commitment to school
Academic failure
Transitions and mobility

Protective Factors Addressed

Opportunities, skills and recognition:
School bonding

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Rural
Native
Non-Native

Evaluating This Promising Practice

The following are suggestions of areas you may want to assess if you implement this practice:

- Assess the change in attendance and absentee rates of the participants.
- Assess the change in the grades of the participants.

Research Conclusions

(Information from: *An Eagle's View: Sharing Successful American Indian/Alaska Native Alcohol and Other Drug Prevention Programs* by B. Hayne. September 1993. Northwest Regional Educational Laboratory, Western Regional Center for Drug-Free Schools and Communities, Volume 1, pp. 6-7. This publication is no longer available.)

Monitoring and evaluating the progress of PARITY included data collection from participating schools and organizations. Attendance and absentee rates, grades and academic performance indicators, and CTBS scores were compiled during fall and spring semesters by an internal evaluator. The internal evaluator assessed retention, grades, absences, and CTBS scores, finding compelling evidence of the program's success in the form of CTBS scores.

The enriched curriculum and a Summer Bridge program have been assessed as the source for improvement of CTBS scores across all areas of testing, especially in science, mathematics, English and reading. These results have led to the curriculum changes being institutionalized.

Costs and Special Considerations

Please inquire of the contact below.

Contact Information

For training, technical assistance, materials or for more information:

Dr. Sheila Anne Webb, Dean
College of Education and Professional Studies
Jacksonville State University
Jacksonville, AL 36265

E-mail: sawebb@jsucc.jsu.edu
Phone: 256.782.8213

PROMISING PRACTICE: Solutions for Families

(Formerly known as: "Families in Focus: Seven Secrets to a Successful Family")

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Best Practice

(Excerpt from *Strengthening America's Families: Promising Parenting Strategies for Delinquency Prevention,* Office of Juvenile Justice and Delinquency Prevention, 1993, pp. 51-52. Updated in May 2001 from information provided by the developers.)

Program Origin
Solutions for Families began as result of The Cottage Program International's 15 years of working with families to prevent alcohol, drug abuse, and other behavioral disorders. Its companion program Foco Interno Familiar for Spanish speaking families was translated, adapted, and implemented in Hispanic/Latino populations in the United States and Latin America in 1988.

Program Objectives
The program objectives are to reduce alcohol and drug use and their accompanying behavioral disorders, decrease parental denial, educate parents and youth about the consequences of alcohol and drug use, and encourage participation in health promotion and risk-reduction programs.

Program Strategies
The program involves 24 lessons for in-home application or small group workshops in family skills training. Service providers and volunteers are trained to conduct and maintain these prevention services. Meetings are usually held every week to complete the 24 session program. The family members complete a Family Survey questionnaire which is adapted from the Family Adaptability and Cohesiveness Evaluation Scale (FACES III). Once the Family Survey is completed and charted, it directs the family to a specific activity based on their family needs. The Home Learning Guide contains 24 different family lessons and activities. Families maintain contact with Solutions for Families over several months.

Recruitment and Retention
The families are referred by educational institutions, businesses, religious organizations, agencies, and the general communities where the program operates throughout the United States. The program receives substantial attention from the print and electronic media, attracting large numbers of families to participate in the program. Families who become involved in Solutions for Families tend to complete the training cycle and maintain contact with the program over an extended period.

Staffing
Volunteers and professionals are used for the program. One trainer is required for groups of up to 20. The volunteer trainers are trained in 12 hours of classroom training over two days.

Resources Needed and Materials Used: The Solutions for Families program includes the Home Learning Guide, Family Profile, and assorted charts, lists, and brochures.

Risk Factors Addressed

Family management problems
Parental attitudes and involvement
Family history of substance abuse

Protective Factors Addressed

Bonding: Family

CSAP Strategy

Information dissemination
Education

Type of Strategy

Selective

Populations Appropriate for This Promising Practice

Families whose children are at high risk for alcohol and drug use because of:

* A family history of alcohol and drug abuse
* Parental communication problems
* Family management problems
* Youth problems

Evaluating This Promising Practice

This practice does not come with an evaluation tool that can be used when implementing this strategy.

The following are suggested areas to assess when implementing this practice:

* Assess the decrease in parental drug-use rate.
* Assess improvements in family management skills.
* Assess improvements in family cohesion.

Costs as of May 2001 (Subject to Change)

Training Time: Two days

Training Costs:
Travel expenses for one volunteer trainer to instruct a core group of facilitators, plus materials

Strategy Implementation:
$17.95 per participant. The program requests only that program costs be reimbursed. The $17.95 per participant figure includes workbooks.

Special Considerations

Please consider the following before selecting this strategy for your community:

* The optimum results of this program are best achieved with in-home presentations.

- Volunteer facilitators should be willing to spend several weekly visits with the participating family until they can independently follow through on the weekly lessons and activities.

Research Conclusions

(Excerpt from *Strengthening America's Families: Promising Parenting Strategies for Delinquency Prevention,* Office of Juvenile Justice and Delinquency Prevention, 1993, p. 52)

Solutions for Families undergoes a complete process and outcome evaluation. The evaluation quantifies the effects of participation. The impact that Solutions for Families has on drug abuse, age of first use, abstinence, and use expectancies are measured. Pre- and post-measurement of family functioning and family satisfaction are considered.

Results show:

- Gains in family functioning and family satisfaction.

- It is indicated that the program significantly reduces the incidence of alcohol and drug abuse.

- Expectancy scores are also predictive of fewer problems with alcohol and drugs.

Contact Information

For training, materials, technical assistance and more information contact:

Brad Stone
5248 S. Pinemont Drive, Suite C-190
Murray, UT 84123

E-mail: bstone81@ix.netcom.com

Phone: 801.268.6461

Fax: 801.268.6471

Web site: *http://www.fww.org*

PROMISING PRACTICE: Strengthening Multi-Ethnic Families and Communities: A Violence Prevention Parent Training Program

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt from Department of Health Promotion & Education web site: *http://www.strengtheningfamilies.org/html/programs_1999/35_SMEFC.html*)

The Strengthening Multi-Ethnic Families and Communities Program is a unique integration of various prevention/intervention strategies geared toward reducing violence against self, the family and the community. The program targets ethnic and culturally diverse parents of children aged 3-18 years who are interested in raising children with a commitment to leading a violence-free, healthy lifestyle.

The program goal is to reduce drug/alcohol use, teen suicide, juvenile delinquency, gang involvement, child abuse, and domestic violence. Short-term objectives are to increase parent sense of competence, positive family/parent/ child interactions, positive parent/child relationships, child self-esteem and self-discipline, child social competency skills, and increased parental involvement in community locations: churches, schools, community agencies and other locations. The program consists of twelve 3-hour sessions taught in consecutive weeks.

The curriculum includes five major components:

- Cultural/Spiritual Focus
- Rites of Passage
- Positive Discipline
- Enhancing Relationships
- Community Involvement

Parent materials are available in English, Spanish, Vietnamese and Korean. Cambodian, Chinese, Somalian, English UK, and Russian translations are being completed. Facilitator manuals are available in English and Spanish. Child activity supplements also are available.

Risk Factors Addressed

Family management problems
Low neighborhood attachment

Protective Factors Addressed

Bonding: Family

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Parents with children ages 3 - 18
Rural
Urban
Caucasian
African American
Asian/Pacific Islander
Hispanic/Latino
Native American
Russian

Evaluating This Promising Practice

This practice comes with an evaluation tool that can be used when implementing this strategy.

Evaluation Tool Costs:
There is no cost for the evaluation tool. Please contact Strengthening Multi-Ethnic Families and Communities for data analysis cost. The cost is dependant on size of analysis group, types of analysis and depth of report.

The following are suggested areas to assess when implementing this practice:

- Assess the level of family management skills of participants.
- Assess the level of positive parent/child interactions.
- Assess the level of parent involvement in community activities.

Research Conclusions

(Excerpt from Department of Health Promotion & Education Web site *http://www.strengtheningfamilies.org/html/programs_1999/35_SMEFC.html*)

A pre-post test design had been used to evaluate over 100 parent classes.

- Evaluation data from one report of 22 parent groups (357 Parents) show significant improvements in parent sense of competence, family/parent/child interactions, and child competence and behavior.

- Participation in the program had a direct impact on increasing parent involvement in the areas of "Community Activities," "Political Issues," and "School Involvement."

- Reports show that the program helps with child rearing challenges, promotes family bonding, promotes pride in cultural heritage, promotes community bonding, and reduces life-threatening risks for children.

Costs as of December 2001 (Subject to Change)

Training Time: Five days (40 hours)

Training Cost: $625

Note: The training encourages participants to examine their own background and values in order to learn a facilitative

approach to working with parents from a variety of ethnic and cultural backgrounds.

Strategy Implementation:
$17 per participant for parent manual, plus additional costs for items such as child care, refreshments, and transportation

Special Considerations

Please consider the following before selecting this strategy for your community:

• Culturally sensitive facilitators should choose a location and framework which best meets the needs of the families.

Contact Information

For training materials or for more information, contact:
Dr. Marilyn L. Steele, Executive Director
Consulting and Clinical Services
1220 South Sierra Bonita Avenue
Los Angeles, CA 90019

E-mail: dr_mls@earthlink.net

Phone: 323.936.0343

Fax: 323.936.7130

PROMISING PRACTICE: Teenage Health Teaching Modules

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt taken from information provided by Education Development Center, Inc., Newton, MA)

Teenage Health Teaching Modules (THTM) is a research-based comprehensive health curriculum for grades six to 12. It consists of 23 modules that focus on the key skills of:

• Decision making
• Communication
• Goal setting
• Self-assessment
• Risk assessment
• Health advocacy
• Healthy self-management

THTM combines the traditional health content areas with the physical, mental, emotional, and social health tasks that students must address to foster healthy lifestyles.

Each THTM module focuses on one or more important health task and related health decisions. The 23 modules are grouped into three grade levels: 6-8, 9 and 10, and 11 and 12. Each module includes a teacher's guide with detailed instructions for conducting classroom activities and original copies of student handouts and transparencies. The study, which involved almost 5,000 students in schools in seven states, demonstrated that THTM had a positive impact on students' health-related knowledge, attitudes, and behaviors.

The evaluation of THTM concluded that the curriculum produced positive effects on:

• Students' health knowledge
• Attitudes
• Self-reported behaviors

As a comprehensive health curriculum, THTM addresses topics as diverse as:

• Disease prevention and control
• Nutrition and fitness
• Injury and violence prevention
• Mental and emotional health
• Healthy relationships

Risk Factors Addressed

Favorable attitudes toward drug use

Protective Factors Addressed

Skills:
• Communication
• Decision-making
• Health advocacy
• Self-assessment
• Healthy self-management

CSAP Strategy

Education
Information dissemination

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

• Junior high/ middle school
• High school students

Evaluating This Promising Practice

This practice comes with an evaluation tool for selected modules, that can be used when implementing this strategy. It is provided upon request. Evaluation Tool Cost: There is no cost for the tool.

The following are suggested areas to assess when implementing this practice:

• Assess the acquisition of the following skills: communication, decision-making, health advocacy, self-assessment, and healthy self-management.

• Assess participants' attitudes toward alcohol, tobacco, and other drug use.

Research Conclusions

(Excerpt taken from information provided by Education Development Center, Inc., Newton, MA)

A large-scale, immediate post-test evaluation of 5,000 students demonstrated changes in students' knowledge and attitudes and, among senior high students, a decline in reported use of tobacco, alcohol, and other drugs.

Costs as of May 2001 (Subject to Change)

Training Cost and Time: varies

EDC has developed a network of certified trainers located in various regions of the country who are available to provide teacher training on THTM. Those interested in training should contact EDC to identify a trainer in their state or re-

gion. All financial and logistical arrangements for teacher training are handled by the trainer and the school district.

Special Considerations

None identified

Contact Information

For program information, contact:
    Yvette Camacho
    Education Development Center
    55 Chapel Street
    Newton, MA 02458

    E-mail: ycamacho@edc.org

    Phone: 617.618.2308

    Fax: 617.244.3436

For training information, contact:
    Christine Blaber
    Educational Development Center
    55 Chapel Street
    Newton, MA 02458

    E-mail: CBlaber@edc.org

    Phone: 617.969.7101 ext. 2364

PROMISING PRACTICE: Woodrock Youth Development Program

Note: This program has been categorized as a "promising" practice. The research done to date on this program does not meet the standards needed to be deemed a "best" practice.

Description of Promising Practice

(Excerpt from "Program Findings Sheet," Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation – Part of CSAP's Promising Practices Series, 1998)

Program components include:

- Conduct weekly human relation classes in school to provide youth with the skills to resist pressure to participate in destructive behaviors.

- Assist parents in supporting their child's educational needs through youth advocates who serve as intermediaries between school personnel and parents.

- Hold monthly meetings between Youth Development Program (YDP) youth advocates and classroom teachers to monitor student progress and provide teachers with insight into student needs.

- Conduct an annual home visit at the beginning of the school year to familiarize parents with the program.

- Conduct workshops that allow parents to come together and exchange parenting strategies and ideas.

- Provide field trips and weekend retreats to program youth.

- Implement after-school clubs designed to develop students' individual talents and interests and build self-esteem and human relation skills.

Risk Factors Addressed

Favorable attitudes toward drug use

Protective Factors Addressed

Opportunities
Skills
Bonding to school
Healthy beliefs and clear standards

CSAP Strategy

Education
Information dissemination
Alternative activities

Type of Strategy

Universal

Populations Appropriate for This Promising Practice

Multi-ethnic youth, ages 6-14

Evaluating This Promising Practice

The following are suggested areas to assess when implementing this practice:

- Assess favorable attitudes toward drug use and its relationship to attendance at YDP activities.

- Assess the levels of alcohol and other drug use in the participants.

- Assess knowledge of the negative effects of alcohol and other drug use.

Research Conclusions

(Excerpt from "Program Findings Sheet," Center for Substance Abuse Prevention, Division of Knowledge Development and Evaluation – Part of CSAP's Promising Practices Series, 1998.)

There was a significant relationship between increased attendance at YDP activities, lower drug use, and increased positive attitudes toward avoiding drugs and alcohol. Knowledge of the negative effects of drugs and alcohol use were significantly higher for the experimental group. Older students in the experimental group reported significantly reduced levels of alcohol and drug use in the past month compared to the control group.

Contact Information

For technical assistance, training, materials, or more information visit:
    Web site: *www.woodrock.org*
 or
    Rich Garrett
    Woodrock, Inc.
    1229 Chestnut Street, Suite M-7
    Philadelphia, PA 19107
    E-mail: wradm@aol.com
    Phone: 215.231.9810
    Fax: 215.231.9815

Appendices

APPENDIX A:
CSAP's Model Programs and Effective Programs

The following CSAP Model and Effective Programs are included in this book. For more information on the programs, visit the CSAP web site:

Web site: http://modelprograms.samhsa.gov

or call:
Toll free: 877.773.8546.

Model Programs

Across Ages
All Stars
Athletes Training and Learning to Avoid Steroids
        (ATLAS)
Baltimore Mastery Learning and Good Behavior Game
        Interventions
Brief Strategic Family Therapy
CASASTART
Child Development Project
Communities Mobilizing for Change on Alcohol
Creating Lasting Connections
DARE to Be You
Families and Schools Together
Family Effectiveness Training (FET)
Incredible Years (Parent and Children Videotape Series)
        (Webster-Stratton)
Keep A Clear Mind (KACM)
Life Skills Training Program (LST) (Botvin et al)
Multisystemic Therapy
Nurse-Family Partnership
Preparing for the Drug Free Years
Project ACHIEVE
Project ALERT

Project Northland (Perry)
Project Toward No Drug Use
Project Toward No Tobacco Use
Reconnecting Youth Program (Eggert et al)
Residential Student Assistance Program
Strengthening Families Program

Effective Programs

The programs listed below are ones that met all the criteria as the model programs identified on the CSAP web site:

Web site: http://modelprograms.samhsa.gov

The only difference is that, for a variety of reasons, these programs are not currently available to be widely disseminated to the general public and professional communities. Hence they are identified as effective rather than model. If and when they are available for national dissemination, their status will be upgraded.

Family Advocacy Network (FAN Club)
Houston Parent-Child Development Program
Parenting (Adolescents) Wisely
Perry Preschool Project – High/Scope Approach
Project STAR: Students Taught Awareness and Resistance
Promoting Alternative Thinking Strategies (PATHS)
SMART Leaders
Social Competence Promotion Program for Young
        Adolescents
Stopping Teenage Addiction to Tobacco (STAT)
Syracuse Family Development Research Program
Treatment Foster Care

APPENDIX B:
Practices by CSAP Strategy

CSAP Strategies

Prevention strategies have been categorized in a variety of different ways. SAMSHA/CSAP promotes the following six strategies:

Information dissemination

This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.

Education

This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Alternatives

This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to–or otherwise meet the needs usually filled by– alcohol and drugs and would, therefore, minimize or obviate resort to the latter.

Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.

Problem identification and referral

This strategy aims at identification of those who have indulged illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Community-based process

This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, inter-agency collaboration, coalition building, and networking.

Environmental

This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two sub-categories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.

Information Dissemination

The following practices fall into the category of *Information Dissemination* according to the CSAP strategies.

Best Practices

Across Ages (CSAP demonstration grant #2779)

Adolescent Alcohol Prevention Trial (Donaldson et al)

Adolescent Transitions Program (Dishion et al)

All Stars (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

The Child Development Project (CSAP demonstration grant #2647)

Creating Lasting Connections (CSAP demonstration grant #1279)

Effective Black Parenting (Alvy)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP demonstration grant #1383)

Family Effectiveness Training (Szapocznik)

Family Therapy (general description)

Focus on Families (Catalano et al)

Functional Family Therapy (Alexander and Person)

Home Visiting

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Life Skills Training Program (Botvin et al)

Multi-Component School-Linked Community Approaches (tobacco specific)

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Nurturing Program (Bavolek)

Parent and Family Skills Training (general description)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Project Northland (Perry)

Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)

Project Towards No Tobacco Use

Residential Student Assistance Program (CSAP demonstration grant #0618)

Seattle Social Development Project (Hawkins et al)

SMART Leaders

Strengthening Families Program

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices

Birth to Three Program

Early Childhood Substance Abuse Prevention Program

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Growing Healthy

Solutions for Families (Boswell)

Teenage Health Teaching Modules

Woodrock Youth Development Program

Education

The following practices fall into the category of *Education* according to the CSAP strategies.

Best Practices

Across Ages (CSAP demonstration grant #2779)

Adolescent Alcohol Prevention Trial (Donaldson et al)

Adolescent Transitions Program (Dishion et al)

All Stars (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Brief Strategic Family Therapy

Bry's Behavioral Monitoring and Reinforcement Program

CEDEN Family Resource Center

Child Development Project (CSAP demonstration grant #2647)

Creating Lasting Connections (CSAP demonstration grant #1279)

DARE to be You (CSAP demonstration grant #1397)

Effective Black Parenting (Alvy)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP demonstration grant #1383)

Family Effectiveness Training (Szapocznik)

Family Therapy (general description)

Focus on Families (Catalano et al)

Functional Family Therapy (Alexander and Parsons)

Healthy Families America

Home Instruction Program for Preschool Youngsters (HIPPY)

Home Visiting

Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Keep A Clear Mind

Life Skills Training Program (Botvin et al)

Meld

Multi-Component School-Linked Community Approaches (tobacco specific)

Multisystemic Therapy Program

NICASA Parent Project

Nurturing Program (Bavolek)

Parent and Family Skills Training (general description)

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Parents As Teachers

Parents Who Care

Perry Preschool Project – High/Scope Approach

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project ALERT

Project Northland (Perry)

Project PATHE/Organizational Change in School (Gottfredson)

Project STATUS (Gottfredson)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Promoting Alternative Thinking Strategies (PATHS)

Quantum Opportunities Program

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Reconnecting Youth Program (Eggert et al)

Residential Student Assistance Program (CSAP demonstration grant #0618)

Seattle Social Development Project (Hawkins et al)

SMART Leaders

Social Competence Promotion Program for Young Adolescents

Strengthening Families Program

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Project)

Strengthening Hawaii Families

Syracuse Family Development Research Program (FDRP)

Treatment Foster Care Program (Chamberlain and Reid)

Tutoring

Promising Practices

Bi-cultural Competence Skills Approach (Schinke et al)

Birth to Three Program

Diineegwahshii

Early Childhood Substance Abuse Prevention Program

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Families in Action

Friendly PEERsuasion

Growing Healthy

I Can Problem Solve (ICPS) (Shure)

Native American Prevention Project Against AIDS and Substance Abuse (Rolf, Nansel, et al)

Okiyapi — Devils Lake Sioux Community Partnership Project

Solutions for Families (Boswell)

Strengthening Multi-Ethnic Families and Communities (Steele)

Teenage Health Teaching Modules

Woodrock Youth Development Program

Alternatives

The following practices fall into the category of A*lternatives* according to the CSAP strategies.

Best Practices
Across Ages (CSAP demonstration grant #2779)
CASASTART
Mentoring – Big Brothers/Big Sisters
Project Northland (Perry)
Quantum Opportunities Program

Promising Practices
Diineegwahshii
Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")
Families in Action
Friendly PEERsuasion
Okiyapi — Devils Lake Sioux Community Partnership Project
Woodrock Youth Development Program

Problem Identification and Referral

The following practices fall into the category of *Problem Identification and Referral* according to the CSAP strategies:

Best Practices
CASASTART
Creating Lasting Connections (CSAP demonstration grant #1279)
Families and Schools Together (FAST) (McDonald)
Healthy Families America
Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)
Reconnecting Youth Program (Eggert et al)
Residential Student Assistance Program (CSAP demonstration grant #0618)
Strengthening Families Program

Community-Based Process

The following practices fall into the category of *Community-Based Process* according to the CSAP strategies.

Best Practices
CASASTART
Child Development Project (CSAP demonstration grant #2647)
Communities That Care (Developmental Research and Programs)
Creating Lasting Connections (CSAP demonstration grant #1279)

Multi-Component School-Linked Community Approaches (tobacco specific)
Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)
Project STAR (Pentz)

Promising Practices
Okiyapi – Devils Lake Sioux Community Partnership Project

Environmental

The following practices fall into the category of *Environmental* according to the CSAP strategies.

Best Practices
Blood Alcohol Concentration Laws
CASASTART
Changing the Conditions of Availability
Changing Hours and Days of Sale
Child Development Project (CSAP demonstration grant #2647)
Communities Mobilizing for Change on Alcohol
Counter-Advertising
Economic Interventions (taxes)
Norms for Behavior and Rule Setting in School (Gottfredson)
Project ACHIEVE
Project BASIS
Project CARE
Project Northland (Perry)
Project PATHE/Organizational Change in School (Gottfredson)
Project STAR (Pentz)
Project STATUS (Gottfredson)
Raising the Minimum Legal Drinking Age
Responsible Beverage Service
Restriction of Advertising and Promotion
Retailer-Directed Interventions (tobacco specific)
Stop Teenage Addiction to Tobacco
Tobacco-Free Environment Policies
Zero-Tolerance Laws

Promising Practices
Okiyapi — Devils Lake Sioux Community Partnership Project
PARITY: Promoting Academic Retention for Indian Tribal Youth

APPENDIX C:
Practices by Domain

Listed below are the programs and strategies in this text which have been found to be effective in the domains of community, family, school, and/or individual peer.

Community Domain

Best Practices
Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Blood Alcohol Concentration Laws

CASASTART

Changing the Conditions of Availability

Changing Hours and Days of Sale

Communities Mobilizing for Change on Alcohol

Communities That Care (Developmental Research and Programs)

Counter-Advertising

Economic Interventions (Raising Taxes)

Multi-Component School-Linked Community Approaches (tobacco specific)

Norms for Behavior and Rule Setting in School (Gottfredson)

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Organizational Change in School (Gottfredson)

Perry Preschool Project – High/Scope Approach

Project Northland (Perry)

Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project Pentz)

Quantum Opportunities Program

Raising the Minimum Legal Drinking Age

Responsible Beverage Service

Restriction of Advertising and Promotion

Retailer-Directed Interventions (tobacco specific)

Stop Teenage Addiction to Tobacco

Tobacco-Free Environment Policies

Zero-Tolerance Laws

Promising Practices
Okiyapi – Devils Lake Sioux Community Partnership Project

PARITY: Promoting Academic Retention for Indian Tribal Youth

Strengthening Multi-Ethnic Families and Communities (Steele)

Family Domain

Best Practices
Adolescent Transitions Program (Dishion et al)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Brief Strategic Family Therapy

CEDEN Family Resource Center

Creating Lasting Connections (CSAP demonstration grant #1279)

DARE to Be You (CSAP demonstration grant #1397)

Effective Black Parenting (Alvy)

Families and Schools Together (FAST) (McDonald)

Family Effectiveness Training (Szapocznik)

Family Therapy (general)

Focus on Families (Catalano et al)

Functional Family Therapy Program (Alexander and Parsons)

Healthy Families America

Home Visiting

Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Keep A Clear Mind

Meld

Multi-Component School-Linked Community Approaches (tobacco specific)

Multisystemic Therapy

NICASA Parent Project

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Nurturing Program (Bavolek)

Parent and Family Skills (general)

Parenting (Adolescents) Wisely (Gordon)

Parenting Skills Program (Guerney)

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Residential Student Assistance Program (CSAP demonstration project #0618)

Seattle Social Development Project (Hawkins et al)

Strengthening Families Program

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Project)

Strengthening Hawaii Families

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices
Birth to Three Program

Diineegwahshii

(The) Early Childhood Substance Abuse Prevention Program

Families in Action

Okiyapi – Devils Lake Sioux Community Partnership Project

Solutions for Families

Strengthening Multi-Ethnic Families and Communities (Steele)

School Domain

Best Practices

Across Ages (CSAP demonstration grant #2779)

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Bry's Behavioral Monitoring and Reinforcement Program

CASASTART

(The) Child Development Project (CSAP demonstration grant #2647)

Families and Schools Together (FAST) (McDonald)

Family Effectiveness Training (Szapocznik)

Family Therapy (general)

Functional Family Therapy Program (Alexander and Parsons)

Home Instruction Program for Preschool Youngsters (HIPPY)

Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Mentoring – Big Brothers/Big Sisters

Multisystemic Therapy

Norms for Behavior and Rule Setting in School (Gottfredson)

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parents As Teachers

Parents Who Care

Perry Preschool Project – High/Scope Approach

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project BASIS

Project CARE

Project PATHE/Organizational Change in School (Gottfredson)

Project STATUS (Gottfredson)

Promoting Alternative Thinking Strategies (PATHS)

Quantum Opportunities Program

Reconnecting Youth Program (Eggert et al)

Residential Student Assistance Program (CSAP demonstration project #0618)

Seattle Social Development Project (Hawkins et al)

Social Competence Promotion Program for Young Adolescents

Strengthening Families Program

Syracuse Family Development Research Program (FDRP)

Treatment Foster Care Program (Chamberlain and Reid)

Tutoring

Promising Practices

Diineegwahshii

Families in Action

I Can Problem Solve (ICPS) (Shure)

PARITY: Promoting Academic Retention for Indian Tribal Youth

Individual/Peer Domain

Best Practices

Adolescent Alcohol Prevention Trial (Donaldson et al)

All Stars (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

CASASTART

Counter-Advertising

Creating Lasting Connections (CSAP demonstration grant #1279)

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Healthy Families America

Keep A Clear Mind

Life Skills Training (Botvin et al)

Mentoring – Big Brothers/Big Sisters

Multi-Component School-Linked Community Approaches (tobacco specific)

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ALERT

Project Northland (Perry)

Project STAR (Pentz)

Project STATUS (Gottfredson)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Reconnecting Youth Program (Eggert et al)

Seattle Social Development Project

SMART Leaders

Promising Practices

Bi-cultural Competence Skills Approach (Schinke et al)

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Families in Action

Friendly PEERsuasion

Growing Healthy

Teenage Health Teaching Modules

Woodrock Youth Development Program

APPENDIX D:
Practices by Risk Factor

Listed below are the programs and strategies in this text that have been found to be effective for the following risk factors in the community, family, school, individual/peer domains.

(For more information about risk and protective factors, see the pamphlet *Developing Healthy Communities: A Risk and Protective Factor Approach to Preventing Alcohol and Other Drug Abuse.* For a copy of this pamphlet, visit web site: *http://www.unr.edu/westcapt/products.html* or contact CSAP's Western CAPT toll free at 888.734.7476.

Community Risk Factors

Availability of Drugs
Best Practices
CASASTART
Changing the Conditions of Availability
Changing Hours and Days of Sale
Communities Mobilizing for Change on Alcohol
Economic Interventions (Raising Taxes)
Project Northland (Perry)
Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)
Responsible Beverage Service
Retailer-Directed Interventions (tobacco specific)
Stop Teenage Addiction to Tobacco

Community Laws and Norms Favorable Toward Drug Use

Best Practices
Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)
Blood Alcohol Concentration Laws
Communities Mobilizing for Change on Alcohol
Communities That Care (Developmental Research and Programs)
Counter-Advertising
Economic Interventions (Raising Taxes)
Multi-Component School-Linked Community Approaches (tobacco specific)
Norms for Behavior and Rule Setting in School (Gottfredson)
Project Northland (Perry)
Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)
Raising the Minimum Legal Drinking Age
Responsible Beverage Service
Restriction of Advertising and Promotion
Retailer-Directed Interventions (tobacco specific)
Stop Teenage Addiction to Tobacco
Tobacco-Free Environment Policies
Zero-Tolerance Laws

Promising Practices
Okiyapi – Devils Lake Sioux Community Partnership Project

Transitions and Mobility
Best Practices
Communities That Care (Developmental Research and Programs)

Promising Practices
PARITY: Promoting Academic Retention for Indian Tribal Youth

Low Neighborhood Attachment and Community Disorganization

Best Practices
Communities That Care (Developmental Research and Programs)

Promising Practices
Okiyapi — Devils Lake Sioux Community Partnership Project
Strengthening Multi-Ethnic Families and Communities (Steele)

Extreme Economic Deprivation

Best Practices
Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)
Perry Preschool Project – High/Scope Approach
Quantum Opportunities Program

Family Risk Factors

Family History of Problem Behavior
Best Practices
Residential Student Assistance Program (CSAP demonstration project #0618)
Strengthening Families Program

Promising Practices
Solutions for Families (Boswell)

Family Management Problems

Best Practices
Adolescent Transitions Program (Dishion et al)
Brief Strategic Family Therapy
CEDEN Family Resource Center
Creating Lasting Connections (CSAP demonstration grant #1279)
DARE to Be You (CSAP demonstration grant #1397)
Effective Black Parenting (Alvy)
Families and Schools Together (FAST) (McDonald)
Family Therapy (general)
Focus on Families (Catalano et al)
Functional Family Therapy Program (Alexander and Parsons)
Healthy Families America
Home Visiting
Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Meld

Multisystemic Therapy Program

NICASA Parent Project

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Nurturing Program (Bavolek)

Parent and Family Skills (general)

Parenting (Adolescents) Wisely (Gordon)

Parenting Skills Program (Guerney)

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Seattle Social Development Project (Hawkins et al)

Strengthening Families Program

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Project)

Strengthening Hawaii Families

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices

Birth to Three Program

Diineegwahshii

Okiyapi — Devils Lake Sioux Community Partnership Project

Solutions for Families (Boswell)

Strengthening Multi-Ethnic Families and Communities (Steele)

Family Conflict
Best Practices

Adolescent Transitions Program (Dishion et al)

Brief Strategic Family Therapy

Creating Lasting Connections (CSAP demonstration grant #1279)

Family Effectiveness Training (Szapocznik)

Functional Family Therapy Program (Alexander and Person)

Nurturing Progam (Bavolek)

Parent and Family Skills Training (general description)

Preparing for the Drug Free Years (Hawkins and Catalano)

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Project)

Strengthening Hawaii Families

Promising Practices

Okiyapi — Devils Lake Sioux Community Partnership Project

Parental Attitudes and Involvement in Drug Use
Best Practices

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Creating Lasting Connections (CSAP demonstration grant #1279)

Families and Schools Together (FAST) (McDonald)

Focus on Families (Catalano et al)

Keep A Clear Mind

Multi-Component School-Linked Community Approaches (tobacco specific)

NICASA Parent Project

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Parent and Family Skills Training (general description)

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Strengthening Families Program

Promising Practices

Early Childhood Substance Abuse Prevention Program

Families in Action

Solutions for Families (Boswell)

School

Early and Persistant Anti-Social Behavior
Best Practices

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Bry's Behavioral Monitoring and Reinforcement Program

CASASTART

Family Effectiveness Training (Szapocznik)

Family Therapy (general description)

Functional Family Therapy Program (Alexander and Parsons)

Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Mentoring – Big Brothers/Big Sisters

Multisystemic Therapy

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parents Who Care

Perry Preschool Project – High/Scope Approach

Project BASIS

Project CARE

Project PATHE/Organization Change in School (Gottfredson)

Project STATUS (Gottfredson)

Promoting Alternative Thinking Strategies (PATHS)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Reconnecting Youth Program (Eggert et al)

Residential Student Assistance Program (CSAP demonstration project #0618)

Seattle Social Development Project (Hawkins et al)

Strengthening Families Program

Syracuse Family Development Research Program (FDRP)

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices

I Can Problem Solve (ICPS) (Shure)

Academic Failure Beginning in Elementary School
Best Practices

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Bry's Behavioral Monitoring and Reinforcement Program

CASASTART

Home Instruction Program for Preschool Youngsters (HIPPY)

Home-Based Behavioral Systems Family Therapy (Gordon)

Houston Parent-Child Development Center

Parents As Teachers

Perry Preschool Project – High/Scope Approach

Project ACHIEVE

Project PATHE/Organization Change in School (Gottfredson)

Quantum Opportunities Program

Reconnecting Youth Program (Eggert et al)

Seattle Social Development Project (Hawkins et al)

Syracuse Family Development Research Program (FDRP)

Tutoring

Promising Practices
PARITY: Promoting Academic Retention for Indian Tribal Youth

Lack of Commitment to School
Best Practices
Across Ages (CSAP demonstration grant #2779)

Child Development Project (CSAP demonstration grant #2647)

Families and Schools Together (FAST) (McDonald)

Mentoring – Big Brothers/Big Sisters

Norms for Behavior and Rule Setting in School (Gottfredson)

Perry Preschool Project – High/Scope Approach

Project ACHIEVE

Project PATHE/Organization Change in School (Gottfredson)

Project STATUS (Gottfredson)

Seattle Social Development Project (Hawkins et al)

Syracuse Family Development Research Program (FDRP)

Promising Practices
Diineegwahshii

Families in Action

PARITY: Promoting Academic Retention for Indian Tribal Youth

Individual/Peer

Alienation/Rebelliousness
Best Practices
Preparing for the Drug Free Years (Hawkins and Catalano)

Friends Involved in a Problem Behavior
Best Practices
Adolescent Alcohol Prevention Trial (Donaldson et al)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

CASASTART

Life Skills Training (Botvin et al)

Project Northland (Perry)

Project STAR (Pentz)

Project STATUS (Gottfredson)

Reconnecting Youth Program (Eggert et al)

Seattle Social Development Project (Hawkins et al)

SMART Leaders

Promising Practices
Bi-cultural Competence Skills Approach (Schinke et al)

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Friendly PEERsuasion

Favorable Attitudes Toward the Problem Behavior
The following practices have been shown to impact the risk factor of favorable attitudes toward the problem behavior.

Best Practices
Adolescent Alcohol Prevention Trial (Donaldson et al)

All Stars Program (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Counter-Advertising

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Keep A Clear Mind

Life Skills Training (Botvin et al)

Multi-Component School-Linked Community Approaches (tobacco specific)

Preparing for the Drug Free Years (Hawkins and Catalano)

Project Northland (Perry)

Project STAR (Pentz)

Project Towards No Drug Abuse

SMART Leaders

Promising Practices
Bi-cultural Competence Skills Approach (Schinke et al)

Families in Action

Friendly PEERsuasion

Growing Healthy

Teenage Health Teaching Modules

Woodrock Youth Development Program

Early Initiation of the Problem Behavior
The following practices have been shown to impact the risk factor of early initiation of the problem behavior.

Best Practices
Creating Lasting Connections (CSAP demonstration grant #1279)

Mentoring – Big Brothers/Big Sisters

Preparing for the Drug Free Years

Project ALERT

Project Northland (Perry)

Project Towards No Tobacco Use

Promising Practices
Friendly PEERsuasion

Growing Healthy

Constitutional Factors
The following best practices have been shown to impact the risk factor of constitutional factors.

Best Practices
Healthy Families America

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

APPENDIX E:
Practices by Age

Early Childhood

The following practices have been evaluated with children from the birth to 5 age range and have been shown to be effective.

Best Practices

CEDEN Family Resource Center

DARE to Be You (CSAP demonstration grant #1397)

Effective Black Parenting

Families and Schools Together (FAST) (McDonald)

Healthy Families America

Home Instruction Program for Preschool Youngsters (HIPPY)

Home Visiting

Houston Parent-Child Development Center

Incredible Years – Parent and Children Videotape Series (Webster-Stratton)

Meld

NICASA Parent Project

Nurse Family Partnerships (Prenatal/Early Infancy Project)

Nurturing Program (Bavolek)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Parents As Teachers

Perry Preschool Project – High/Scope Approach

Project ACHIEVE

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Syracuse Family Development Research Program (FDRP)

Promising Practices

Birth to Three Program

Early Childhood Substance Abuse Prevention Program

I Can Problem Solve (ICPS) (Shure)

Strengthening Multi-Ethnic Families and Communities (Steele)

Elementary School Age

The following practices have been evaluated with children from Kindergarten to 5th grade (approximately ages 5 to 10 years) as participants and have been shown to be effective.

Best Practices

Adolescent Alcohol Prevention Trial (Donaldson et al)

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Brief Strategic Family Therapy

CASASTART

Child Development Project (CSAP demonstration grant #2647)

Effective Black Parenting

Families and Schools Together (FAST) (McDonald)

Family Effectiveness Training (Szapocznik)

Functional Family Therapy Program (Alexander and Parsons)

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Keep A Clear Mind

Multi-Component School-Linked Community Approaches (tobacco specific)

NICASA Parent Project

Norms for Behavior and Rule Setting in School (Gottfredson)

Nurturing Program (Bavolek)

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Promoting Alternative Thinking Strategies (PATHS)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Seattle Social Development Project (Hawkins et al)

Strengthening Families Program

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Program)

Strengthening Hawaii Families

Tutoring

Promising Practices

Growing Healthy

I Can Problem Solve

Strengthening Multi-Ethnic Families and Communities (Steele)

Woodrock Youth Development Program

Middle School/Junior High Age

The following practices have been evaluated with youth from the Middle School/Junior High age range (approximately grades 6-8, ages 11 to 13 years) and have been shown to be effective.

Best Practices

Across Ages (CSAP demonstration grant #2779)

Adolescent Alcohol Prevention Trial (Donaldson et al)

Adolescent Transitions Program (Dishion et al)

All Stars (Hansen)

Brief Strategic Family Therapy

Bry's Behavioral Monitoring and Reinforcement Program

CASASTART

Creating Lasting Connections (CSAP demonstration grant #1279)

Effective Black Parenting (Alvy)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Functional Family Therapy Program (Alexander and Parsons)

Life Skills Training Program (Botvin et al)

Mentoring – Big Brothers/Big Sisters

Multisystemic Therapy Program

NICASA Parent Project

Norms for Behavior and Rule Setting in School (Gottfredson)

The Nurturing Program (Bavolek)

Parenting Adolescents Wisely (Gordon)

Parenting Skills Program (Guerney)

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project ALERT

Project BASIS

Project CARE

Project Northland (Perry)

Project PATHE/Organizational Change in School (Gottfredson)

Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)

Project STATUS (Gottfredson)

Project Towards No Tobacco Use

Social Competence Promotion Program for Young Adolescents

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Program)

Substance Abuse Resources and Disability Issues (SARDI)

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices

Bi-cultural Competence Skills Approach (Schinke et al)

Diineegwahshii

Families in Action

Friendly PEERsuasion

Native American Prevention Project Against AIDS and Substance Abuse (Rolf, Nansel, et al)

PARITY (Promoting Academic Retention for Indian Tribal Youth)

Strengthening Multi-Ethnic Families and Communities (Steele)

Teenage Health Teaching Modules

Woodrock Youth Development Program

High School Age

The following practices have been evaluated with youth of high school age (approximately grades 9-12, ages 14 to 18 years) and have been shown to be effective.

Best Practices

All Stars (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Brief Strategic Family Therapy

Communities Mobilizing for Change on Alcohol

Creating Lasting Connections (CSAP demonstration grant #1279)

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Functional Family Therapy Program (Alexander and Parsons)

Home-Based Behavioral Systems Family Therapy (Gordon)

Mentoring – Big Brothers/Big Sisters

Multi-Component School-Linked Community Approaches (tobacco specific)

Multisystemic Therapy Program

NICASA Parent Project

(The) Nurturing Program (Bavolek)

Parenting Adolescents Wisely (Gordon)

Parents Who Care

Project PATHE/Organizational Change in School (Gottfredson)

Project STATUS (Gottfredson)

Project Towards No Drug Abuse

Quantum Opportunities Program

Raising the Minimum Legal Drinking Age

Reconnecting Youth Program (Eggert et al)

Residential Student Assistance Program (CSAP demonstration project #0618)

SMART Leaders

Stop Teenage Addiction to Tobacco

Treatment Foster Care Program (Chamberlain and Reid)

Zero-Tolerance Laws

Promising Practices

Bi-cultural Competence Skills Approach (Schinke et al)

Diineegwahshii

Native American Prevention Project Against AIDS and Substance Abuse (Rolf, Nansel, et al)

PARITY (Promoting Academic Retention for Indian Tribal Youth)

Strengthening Multi-Ethnic Families and Communities (Steele)

Teenage Health Teaching Modules

18- to 20-Year-Old Youth

The following practices have been evaluated with youth past high school age range (approximately ages 19 years and up) and have been shown to be effective.

Best Practices

Communities Mobilizing for Change on Alcohol

Raising the Minimum Legal Drinking Age

Zero-Tolerance Laws

Children and Youth with Special Needs (Varied Ages)

The following practices have been evaluated with children with special needs and have been shown to be effective.

Best Practices

CEDEN Family Resource Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Meld

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Promoting Alternative Thinking Strategies (PATHS)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Promising Practices

I Can Problem Solve (ICPS) (Shure)

APPENDIX F:
Practices by Ethnicity

African American

The following practices have been evaluated with African American participants and have been shown to be effective.

Best Practices

Across Ages

Brief Strategic Family Therapy

CASASTART

Effective Black Parenting (Alvy)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP demonstration grant #1383)

Family Effectiveness Training (Szapocznik)

Home Visiting

Home-Based Behavioral Systems Family Therapy (Gordon)

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Life Skills Training Program (Botvin et al)

Meld

Nurturing Program

Perry Preschool Project – High/Scope Approach

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project CARE

Project PATHE/Organization Change in School (Gottfredson)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Promoting Alternative Thinking Strategies (PATHS)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Residential Student Assistance Program (CSAP demonstration grant #0618)

SMART Leaders

Social Competence Promotion Program for Young Adolescents

Strengthening Families Program

Syracuse Family Development Research Program (FDRP)

Promising Practices

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Friendly PEERsuasion

I Can Problem Solve (ICPS) (Shure)

Strengthening Multi-Ethnic Families and Communities (Steele)

Native American

The following practices have been evaluated with Native American participants and have been shown to be effective.

Best Practices

DARE to Be You (CSAP demonstration grant #1397)

Families and Schools Together (FAST) (McDonald)

Preparing for the Drug Free Years (Hawkins and Catalano)

Promising Practices

Bi-cultural Competence Skills Approach (Schinke et al)

Diineegwahshii

Friendly PEERsuasion

I Can Problem Solve (ICPS) (Shure)

Native American Prevention Project Against AIDS and Substance Abuse (Rolf, Nansel, et al)

Okiyapi — Devils Lake Sioux Community Partnership Project

PARITY: Promoting Academic Retention for Indian Tribal Youth

Strengthening Multi-Ethnic Families and Communities (Steele)

Caucasian

The following practices have been evaluated with Caucasian participants and have been shown to be effective.

Best Practices

Across Ages (CSAP demonstration grant #2779)

Adolescent Alcohol Prevention Trial (Donaldson et al)

Adolescent Transitions Program (Dishion et al)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Creating Lasting Connections (CSAP demonstration grant #1279)

DARE to Be You (CSAP demonstration grant #1397)

Families and Schools Together

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Focus on Families (Catalano et al)

Functional Family Therapy Program (Alexander and Person)

Home Visiting

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Life Skills Training Program (Botvin et al)

Nurturing Program

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project Northland (Perry)

Project PATHE (Organizational Change in School) (Gottfredson)

Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Promoting Alternative Thinking Strategies (PATHS)

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Reconnecting Youth Program (Eggert et al)

Seattle Social Development Project (Hawkins et al)

SMART Leaders

Social Competence Promotion Program for Young
   Adolescents

Strengthening Families Program

Promising Practices

(The) Early Childhood Substance Abuse Prevention
   Program

Friendly PEERsuasion

I Can Problem Solve (ICPS) (Shure)

Strengthening Multi-Ethnic Families and Communities
   (Steele)

Woodrock Youth Development Program

Asian/Pacific Islander

The following practices have been evaluated with Asian/
Pacific Islander participants and have been shown to be effective.

Best Practices

Across Ages (CSAP demonstration grant #2779)

Families and Schools Together (FAST) (McDonald)

Incredible Years (Parent and Children Videotape Series)
   (Webster-Stratton)

Meld

Nurturing Program

Preparing for the Drug Free Years (Hawkins and Catalano)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Strengthening Families Program

Strengthening Hawaii Families

Promising Practices

I Can Problem Solve (ICPS) (Shure)

Strengthening Multi-Ethnic Families and Communities
   (Steele)

Hispanic/Latino

The following practices have been evaluated with Hispanic/
Latino participants and have been shown to be effective.

Best Practices

Across Ages

Brief Strategic Family Therapy

CASASTART

DARE to Be You (CSAP demonstration grant #1397)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP
   demonstration grant #1383)

Family Effectiveness Training (Szapocznik)

Home Visiting

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series)
   (Webster-Stratton)

Life Skills Training Program (Botvin et al)

Meld

Nurturing Program

Preparing for the Drug Free Years (Hawkins and Catalano)

Project Towards No Drug Abuse

Project Towards No Tobacco Use

Residential Student Assistance Program (CSAP demon-
   stration grant #0618)

SMART Leaders

Strengthening Families Program

Promising Practices

I Can Problem Solve (ICPS) (Shure)

Friendly PEERsuasion

Strengthening Multi-Ethnic Families and Communities
   (Steele)

APPENDIX G:
Practices for Rural Communities

The following are practices that have been implemented and evaluated with rural communities.

Best Practices

Adolescent Transitions Program (Dishion et al)

All Stars (Hansen)

Creating Lasting Connections

DARE to Be You (CSAP demonstration grant #1397)

Families and Schools Together (FAST) (McDonald)

Home-Based Behavioral Systems Therapy

Iowa Strengthening Families Program/Strengthening Families Program: For Parents and Youth 10-14

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

PATHS (Promoting Alternative Thinking Strategies)

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Project ALERT

Project Northland (Perry)

Project PATHE/Organization Change in School (Gottfredson)

Strengthening Hawaii Families

Promising Practices

Families in Action

Faith-Based Prevention Model

Okiyapi — Devils Lake Sioux Community Partnership Project

PARITY: Promoting Academic Retention for Indian Tribal Youth

Strengthening Multi-Ethnic Families and Communities (Steele)

APPENDIX H:
Practices by Institute of Medicine Type

Universal

Best Practices

Adolescent Alcohol Prevention Trial (Donaldson et al)

Adolescent Transitions Program (Dishion et al)

All Stars (Hansen)

Athletes Training and Learning to Avoid Steroids: The ATLAS Program (Goldberg et al)

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Blood Alcohol Concentration Laws

Changing the Conditions of Availability

Changing Hours and Days of Sale

(The) Child Development Project (CSAP demonstration grant #2647)

Communities Mobilizing for Change on Alcohol

Communities That Care (Developmental Research and Programs)

Counter-advertising

DARE To Be You

Economic Interventions (Raising Taxes)

Effective Black Parenting (Alvy)

Home Visiting

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Keep a Clear Mind

Life Skills Training Program (Botvin et al)

Meld

Multi-Component School-Linked Community Approaches (tobacco specific)

NICASA Parent Project

Norms for Behavior and Rule Setting in School (Gottfredson)

Parent and Family Skills Training (general description)

Parenting Skills Program (Guerney)

Parents As Teachers

Parents Who Care

Preparing for the Drug Free Years (Hawkins and Catalano)

Project ACHIEVE

Project ALERT

Project BASIS

Project CARE

Project Northland (Perry)

Project PATHE/Organization Change in School (Gottfredson)

Project STAR (Students Taught Awareness and Resistance)/Midwestern Prevention Project (Pentz)

Project Towards No Tobacco Use

Promoting Alternative Thinking Strategies (PATHS)

Raising the Minimum Legal Drinking Age

Raising a Thinking Child: I Can Problem Solve (ICPS) Program for Families (Shure)

Responsible Beverage Service

Restriction of Advertising and Promotion

Retailer-Directed Interventions (tobacco specific)

Seattle Social Development Project (Hawkins et al)

Social Competence Promotion Program for Young Adolescents

Stop Teenage Addiction to Tobacco

Strengthening Families Program

Strengthening Families Program: For Parents and Youth 10-14 (Iowa Strengthening Families Project)

SMART Leaders

Tobacco-Free Environment Policies

Zero-Tolerance Laws

Promising Practices

Bi-Cultural Competence Skills Approach

Birth to Three Program

Faith-Based Prevention Model (formerly known as "Jackson County Church Coalition")

Families in Action

Friendly PEERsuasion

Growing Healthy

Okiyapi – Devils Lake Sioux Community Partnership Project

PARITY: Promoting Academic Retention for Indian Tribal Youth

Strengthening Multi-Ethnic Families and Communities (Steele)

Teenage Health Teaching Modules

Woodrock Youth Development Program

Selective

Best Practices

Across Ages (CSAP demonstration grant #2779)

Adolescent Transitions Program (Dishion et al)

Baltimore Mastery Learning (ML) and Good Behavior Game (GBG) Interventions

Bry's Behavioral Monitoring and Reinforcement Program

CASASTART

CEDEN Family Resource Center

Creating Lasting Connections (CSAP demonstration grant #1279)

DARE to be You (CSAP demonstration grant #1397)

Families and Schools Together (FAST) (McDonald)

Family Advocacy Network and SMART Moves (CSAP grant #1383)

Family Effectiveness Training (Szapocznik)

Focus on Families (Catalano et al)

Healthy Families America

Home Instruction Program for Preschool Youngsters (HIPPY)

Houston Parent-Child Development Center

Incredible Years (Parent and Children Videotape Series) (Webster-Stratton)

Mentoring — Big Brothers/Big Sisters

Nurse Family Partnership (Prenatal/Early Infancy Project) (Olds et al)

Nurturing Program (Bavolek)

Parent and Family Skills Training (general description)

Parenting Adolescents Wisely (Gordon)

Parenting and Family Skills Program: Helping the Noncompliant Child (McMahon and Forehand)

Parenting Skills Program (Guerney)

Parents Who Care

Perry Preschool Project – High/Scope Approach

Project ACHIEVE

Project PATHE/Organization Change in School (Gottfredson)

Project STATUS (Gottfredson)

Project Towards No Drug Abuse

Quantum Opportunities Program

Strengthening Families Program

Strengthening Hawaii Families

Syracuse Family Development Research Program (FDRP)

Tutoring

Promising Practices

Birth to Three Program

Diineegwahshii

(The) Early Childhood Substance Abuse Prevention Program

I Can Problem Solve (ICPS) (Shure)

Solutions for Families (Boswell)

Indicated

Best Practices

Adolescent Transitions Program (Dishion et al)

Brief Strategic Family Therapy

CASASTART

Family Therapy (general description)

Functional Family Therapy Program (Alexander and Parsons)

Home-Based Behavioral Systems Family Therapy (Gordon)

Multisystemic Therapy Program

Parent and Family Skills Training (general description)

Project Towards No Drug Abuse

Reconnecting Youth Program (Eggert et al)

Residential Student Assistance Program (CSAP demonstration project #0618)

Strengthening Families Program

Treatment Foster Care Program (Chamberlain and Reid)

Promising Practices

Native American Prevention Project Against AIDS and Substance Abuse (Rolf, Nansel, et al)

APPENDIX I:
Unproven Programs

The following are programs and strategies for which multiple research results failed to support program effectiveness for identified problem behaviors. However, they may be used as one component of a comprehensive prevention program.

- Alternative Activities
- Drug Abuse Resistance Education (DARE)
- Information Dissemination/Fear Arousal/Moral Appeal
- Self-Esteem Enhancement Programs

Alternative Activities (e.g., Midnight Basketball, Drug-Free Dances)

(The following is an excerpt from *Selected Findings in Prevention: A Decade of Results from the Center for Substance Abuse Prevention,* Center for Substance Abuse Prevention, 1996, pp. 27-28.)

Recreational and cultural activities, known generically as "alternative activities," often are regarded as attractive enhancements of prevention programs. Community prevention planners sometimes describe such activities, including organized sports and elaborate field trips, as the "hook" that attracts youth participants to community-based prevention programs. The implication is that other activities, such as skills training, are more essential components of prevention programming.

A national cross-site evaluation of community prevention partnerships conducted by CSAP found that alternative activities were cited as the single largest expense for roughly one-third of the partnerships. At least in terms of their relative cost, drug-free recreational and cultural activities often appear to dominate the agenda of community-based substance abuse prevention.

Despite a continuing lack of scientific evidence for their effectiveness, some prevention professionals believe that drug-free recreational and cultural activities that incorporate social skills development and mental health promotion are core elements in the prevention of substance abuse. The Center for Substance Abuse Prevention believes in conducting more focused research to resolve the issue of the appropriate role for alternative activities in the overall prevention agenda.

For more information, order the following free document:

A Review of Alternative Activities and Alternative Programs in Youth-Oriented Prevention, CSAP Technical Report #13, Center for Substance Abuse Prevention, 1996. Order from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI), 800.729.6686, and request publication order no. "PHD 731."

Drug Abuse Resistance Education (DARE)

(The following is an excerpt from *Preventing Crime: What Works, What Doesn't, What's Promising* (1997). Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, pp. 5-32 to 5-36.)

Summary
Using criteria adopted from the report cited above, D.A.R.E. does not work to reduce substance use. The program's content, teaching methods and use of uniformed police officers rather than teachers might each explain its weak evaluations. No scientific evidence suggests that the D.A.R.E. core curriculum, as originally designed or revised in 1993, will reduce substance use in the absence of continued instruction more focused on social competency development. Any consideration of D.A.R.E.'s potential as a drug prevention strategy should place D.A.R.E. in the context of instructional strategies in general. No instructional program is likely to have a dramatic effect on substance use. Estimates of the effect sizes of even the strongest of these programs are typically in the mid to high teens. D.A.R.E.'s meager effects place it at the bottom of the distribution of effect sizes, but none of the effects are large enough to justify their use as the centerpiece of a drug prevention strategy. Rather, such programs should be embedded within more comprehensive programs using the additional strategies identified elsewhere in this chapter.

In-Depth Review of Evaluations of D.A.R.E.
Several evaluations of the original 17-lesson core have been conducted. Many of these are summarized in a meta-analysis of D.A.R.E.'s short-term effects (Ringwalt et al., 1994) sponsored by NIJ. This study located 18 evaluations of D.A.R.E.'s core curriculum, of which eight met the methodological criterion standards for inclusion in the study.

The study found:

- Short-term effects on drug use, except for tobacco use, were non-significant.

- The sizes of the effects on drug use are slight. Effect sizes average .06 for drug use and never exceed .11 in any study. The effects on known risk factors for substance use targeted by the program are also small: .11 for attitudes about drug use and .19 for social skills.

- Certain other programs targeting the same age group as D.A.R.E. - upper elementary pupils - are more effective than D.A.R.E. "Interactive" programs, which emphasize social skill development and social competencies and use interactive teaching strategies, have effect sizes for increasing social skills, reducing attitudes favorable to use, and reducing drug use at least three times as large as D.A.R.E. Other programs which emphasize knowledge about drugs and affective outcomes (such as self-esteem) and are primarily delivered by an expert are no more effective than D.A.R.E. Note however, that even the more effective programs show only small effect sizes (ES=.18) for reducing drug use.

For more recent reports, three of them longitudinal, have also failed to find positive effects for D.A.R.E. In a reasonably rigorous study of approximately 1,800 students in Sweden, Lindstrom (1996) found no significant differences on measures of delinquency, substance use, or attitudes favor-

ing substance use between students who did and did not receive the D.A.R.E. program. Sigler and Talley (1995) found no difference in the substance use of seventh grade students in Los Alamos, New Mexico who had and had not received the D.A.R.E. program 11 months before.

Rosenbaum, Flewelling, Bailey, Ringwalt, and Wilkinson (1994) report on a study in which 12 pairs of schools (involving nearly 1,600 students) were randomly assigned to receive or not receive D.A.R.E. Although some positive effects of the program were observed immediately following the program, by the next school year no statistically significant differences between the D.A.R.E. and non- D.A.R.E. students were evident on measures of the use of cigarettes or alcohol. Also, only one of 13 intervening variables targeted by the program showed a positive effect.

Clayton, Cattarello, and Johnstone (1996) reported on long-term effects for D.A.R.E. Thirty-one schools were randomly assigned to receive or not receive D.A.R.E. All students in the sixth grades in these schools were tested prior to the program, post-tested shortly after the program, and resurveyed each subsequent year through the tenth grade. Although positive effects were observed during the seventh grade on some risk factors for substance use, no significant differences were observed between the D.A.R.E. and control schools on measures of cigarette, alcohol, or marijuana use either during seventh grade or at any later point.

These studies and recent media reports have criticized D.A.R.E. for:

a) focusing too little on social competency skill development and too much on affective outcomes and drug knowledge;

b) relying on lecture and discussion format rather than more interactive teaching methods; and

c) using uniformed police officers who are relatively inexperienced teachers and may have less rapport with the students.

To the untrained eye, the content and methods used in D.A.R.E. are not strikingly different from those used in the more effective programs such as Life Skills Training (L.S.T., summarized above) and Social Problem Solving (S.P.S., summarized below). But more subtle differences exist: L.S.T. and S.P.S. provide broader and deeper coverage of more and more practice for students in the development of social competency skills. For example, while all three programs contain lessons on identifying social influences to use drugs and problem solving, the non- D.A.R.E. programs provide more lessons on these topics and also include lessons on communication skills or emotional perspective taking.

Weissberg's S.P.S. program is able to address self-control skills in greater depth because it completely omits lessons on self-esteem and factual information about drugs. The instructional methods are also different: L.S.T. and S.P.S. were carefully designed to make use of cognitive-behavioral methods including frequent role playing, rehearsal of skills, and behavioral modeling. These methods are main features of the programs. D.A.R.E., even with the addition of more "interactive" techniques, lacks a major emphasis on the use of these carefully developed, research-based teaching techniques.

Although the content and method differences described above probably account for some of the discrepancy between the effects found for the different types of instructional programs, the largest difference among the programs is D.A.R.E.'s use of uniformed officers to deliver the program, a feature that remains in the revised D.A.R.E. and whose effects on the efficacy of the program are unknown.

D.A.R.E. proponents challenge the results of the scientific D.A.R.E. evaluations. Officials of D.A.R.E. America are often quoted as saying that the ample public support for the program is a better indicator of its utility than scientific studies. They criticize D.A.R.E. studies for:

a) looking only at the original D.A.R.E. model;

b) focusing on the absence of effects on alcohol and drug use among fifth and sixth-graders when the base rates are so low that effects would naturally be difficult to detect; and

c) failing to study the longer term effects of D.A.R.E. which are expected to be more substantial. Each of these points is addressed below.

In 1993, D.A.R.E. added more coverage of social competency skills and more interactive teaching techniques to its core curriculum (Ringwalt et al., 1994). These changes were expected to bring the program more in line with the competition. No outcome evaluation of this revised curriculum has been reported, but it appears unlikely that the revision will change the results much because the largest difference between the earlier and revised program is the substitution of a single lesson on reducing violence for one on building support systems. Ringwalt et al. (1994) show that even in the revised core curriculum for D.A.R.E., only nine of the 17 lessons cover social skill development.

D.A.R.E. is indeed atypical in its focus on elementary school-aged youths. As Hansen (1992) demonstrates, the percentage of fifth graders estimated to have used tobacco, alcohol, or marijuana in the past month ranges between about one and eight percent nationally. While lifetime use estimates (the outcome measure often used in D.A.R.E. evaluations) are certainly higher, the relatively low prevalence rates mean that larger samples may be required in studies of D.A.R.E. than in studies of programs targeting slightly older students. But D.A.R.E. evaluations cannot be summarily dismissed on the basis of these criticisms because some have involved samples whose base rates for substance use are much higher than the national average and others have involved samples with sufficient power to detect meaningful differences even in low-base-rate populations. For example, the Rosenbaum et al. (1994) study involved nearly 1,600 students in a sample whose base rate for lifetime alcohol use was 55 percent. Half of the studies summarized in the Ringwalt et al. (1994) study had sample sizes larger than 1,000 and none could be described as small-sample research. Also, the Ringwalt et al. (1994) meta-analysis relied not only on statistical significance tests, which are misleading when the number of cases is not sufficiently large to detect the expected effect, but also on effect sizes to assess the magnitude of the effects regardless of statistical significance. Inferences based on effect sizes are not as prone to misinterpretation as those based on significance levels.

D.A.R.E. proponents also argue that D.A.R.E.'s effects are delayed - i.e., that effects appear when students reach higher grades. The three recent longer-term evaluations of D.A.R.E. (Clayton, Cattarello, and Johnstone, 1996; Sigler and Talley, 1995; Rosenbaum, Flewelling, Bailey, Ringwalt, and Wilkinson, 1994; summarized above) do not support this contention. The absence of long-term effects is not surprising given the more general finding that effects for instructional substance use prevention programs decay rather than increase over time in the absence of continued instruction.

Background on D.A.R.E.
D.A.R.E., developed in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District, is the most frequently used substance abuse education curriculum in the United States. According to D.A.R.E. America (Law Enforcement News, 1996) the program is now used by 70 percent of the Nation's school districts and will reach 25 million students in 1996. About 25,000 police officers are trained to teach D.A.R.E. It is also popular in other countries, 44 of which have D.A.R.E. programs. The complete array of D.A.R.E. activities currently on the market includes "visitation" lessons during which police officers visit students in kindergarten through fourth grade for brief lessons on topics such as obeying laws, personal safety, and the helpful and harmful uses of medicines and drugs; a 17-week core curriculum for fifth or sixth graders (to be described shortly); a 10-week junior high school program focusing on resisting peer pressure, making choices, managing feelings of anger and aggression, and resolving conflicts; and a 10-week senior high program (co-taught with the teacher) on making choices and managing anger. In addition, D.A.R.E. offers an afterschool program for middle-school-aged students, called D.A.R.E. + PLUS (Play and Learn Under Supervision). This provides a variety of fun activities for students during the afterschool hours. Programs for parents and special education populations are also available.

The core 17-lesson curriculum delivered to students in grades five or six has always been the most frequently used form of the program. The great majority (81 percent) of school districts with D.A.R.E. implement the core curriculum, while 33 percent use the visitations, 22 percent the junior high, 6 percent the senior high, and 5 percent the parent curriculum (Ringwalt et al., 1994). The core curriculum is the only part of the program that had undergone rigorous outcome evaluation.

The core D.A.R.E. program is taught by a uniformed law enforcement officer. The original 17-lesson core curriculum focuses on teaching pupils the skills needed to recognize and resist social pressures to use drugs. It also contains lessons about drugs and their consequences, decision-making skills, self-esteem, and alternatives to drugs. Teaching techniques include lectures, group discussions, question-and-answer sessions, audiovisual materials, workbook exercises, and role playing. The curriculum was revised in 1993 to substitute a lesson on conflict resolution and anger management skills for one on building support systems.

For more information on D.A.R.E., see the following:

Lynam, D.R. Milich, R., Zimmerman, R., et al. Project DARE: No effects at 10-year follow-up. *Journal of Consulting and Clinical Psychology,* Vol. 67, No. 4, 1999, 590-593.

Hansen, W.B. and McNeal, R.B. How D.A.R.E. works: an examination of program effects on mediating variables. *Health Education and Behavior,* April 1997, Vol. 24, No. 2, 165-176.

Preventing Crime: What Works, What Doesn't, What's Promising. Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, 1997, *http://www.ncjrs.org* 800.851.3420.

Rosenbaum, D.P., Flewelling, R., Bailey, S.L. et al. Cops in the classroom: a longitudinal evaluation of drug abuse resistance education (DARE). *Journal of Research in Crime and Delinquency,* Vol. 31, No. 1, February 1994, 3-31.

Ennett, S.T., Rosenbaum, D.P., Flewelling, R.L. et al. *Long-Term Evaluation of Drug Abuse Resistance Education, Addictive Behaviors.* Vol. 19, No. 2, 1994, 113-125.

"Past and Future Directions of the DARE Program: An Evaluation Review, Draft Final Report," September 1994, Research Triangle Institute and University of Kentucky. (Found on NCJRS's web-site: *http://www.ncjrs.org/txtfiles/dareev.txt*)

Information Dissemination/Fear Arousal/Moral Appeal

(The following is an excerpt from *Preventing Crime: What Works, What Doesn't, What's Promising* (1997). Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice, pp. 5-29.)

Several meta-analyses and reviews of the effectiveness of school-based drug prevention instruction have been conducted (Botvin, 1990; Botvin et al., 1995; Dryfoos, 1990; Durlak, 1995; Hansen, 1992; Hawkins, Arthur, and Catalano, 1995; *Institute of Medicine,* 1994; Tobler, 1986, 1992). Botvin (1990) traces the historical development of these programs. He shows that "information dissemination" approaches which teach primarily about drugs and their effects, "fear arousal" approaches that emphasize the risks associated with tobacco, alcohol, or drug use, "moral appeal" approaches which teach students about the evils of use, and "affective education" programs which focus on building self-esteem, responsible decision making, and interpersonal growth are largely ineffective for reducing substance use. In contrast, approaches which include resistance-skills training to teach students about social influences to engage in substance use and specific skills for effectively resisting these pressures alone or in combination with broader-based life-skills training do reduce substance use. Curricula which focus on general life skills are typically longer than those which focus only on social resistance skills.

For more information, see the following: *Preventing Crime: What Works, What Doesn't, What's Promising* (1997). Office of Justice Programs and the University of Maryland, Department of Criminology and Criminal Justice

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Self-Esteem Enhancement Programs

(The following is an excerpt from *Selected Findings in Prevention: A Decade of Results.* Center for Substance Abuse Prevention, 1997, pp. 11-12.)

Background

Some addiction research of the 1960s and 1970s focused on the self-esteem portion of the self-concept model of personality, using such instruments as the Rosenberg Self-Esteem Inventory. Patients undergoing detoxification for alcohol or heroin dependence often revealed very low levels of self-esteem; theories were proposed to explain the apparent relationship between self-esteem and addiction. More recent analyses propose that the early studies were in fact developing a model of personalities undergoing detoxification rather than a model of a personality potentially susceptible to either addiction or substance abuse. Cocaine users in particular often exhibit unusually high levels of self-esteem before the onset of addiction. Nevertheless, many substance abuse prevention interventions continue to be based on the theory that self-esteem is a central issue to the onset of substance abuse (see, for example, Schroeder, Laflin, and Weis [1993]).

Implication

A 1994 consensus panel convened by CSAP, after reviewing all available evidence, concluded that improving adolescent self-esteem is not necessarily protective against substance use and that poor self-esteem alone is not predictive of future substance abuse. Increased self-esteem probably should not be used either as a measure of the effectiveness of a substance abuse prevention effort or as an objective of prevention efforts. Alternate psychological measures that may be more useful to prevention include changes in such areas as positive self-concept, future orientation, family conflict, or self-perceived social competence.

Additionally, acquisition of competence in specific social and communication skills may have inherent protective value against substance rather than merely contributing to the problematic sense of self-esteem.

For more information, see the following: *Selected Findings in Prevention: A Decade of Results.* Center for Substance Abuse Prevention, 1997. To order a free copy, contact SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) Phone: 800.729.6686, and request publication order no. SMA 97-3143.